

1928

ANNUAL REPORT

OF

*I. The National Association for
Supplying Medical Aid by
Women to the Women of
India*

(Countess of Dufferin's Fund

Including the

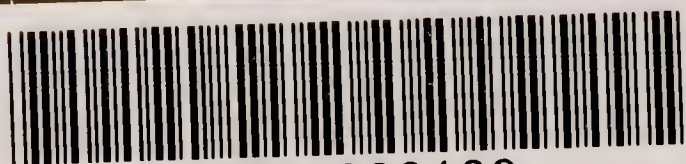
Women's Medical Service)

*II. The Victoria Memorial
Scholarships Fund*

*III. The Lady Chelmsford All-
India League for Maternity
and Child Welfare*

CALCUTTA :
GOVERNMENT OF INDIA CENTRAL PUBLICATION BRANCH
1929

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INDIA

SHOWING THE
PROVINCIAL CENTRES OF THE COUNTESS OF DUFFERIN'S FUND,
AND LOCALITIES ENGAGED IN FURTHERING THE
OBJECTS OF THE NATIONAL ASSOCIATION.

Scale 1 Inch = 128 Miles or 204,800 Feet

REFERENCES.

- Head Provincial Centres.....
- Hospitals staffed by members of the Women's Medical Service.....
- " " Medical Missionaries.....
- All other Hospitals staffed by women doctors only.....

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Officers and Managing Bodies

of

I. The National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund), by which is also controlled the Victoria Memorial Scholarships Fund.

II. The Lady Chelmsford All-India League for Maternity and Child Welfare.

President.

HER EXCELLENCY THE LADY IRWIN, C.I.

Council.

Chairman—The Hon'ble Sir HENRY MONCRIEFF SMITH, Kt., C.I.E., I.C.S.

Ex-Officio.

Sir FREDERIC GAUNTLETT, K.B.E., C.I.E., I.C.S.—*Hony. Treasurer.*

Miss A. C. SCOTT, M.B., Chief Medical Officer, W.M.S.—*Secretary.*

Lt.-Col. H. HAY THORBURN, C.I.E., I.M.S.—*Hony. Joint Secretary.*

Elected Members.

The Hon. Sir HENRY MONCRIEFF SMITH,
Kt., C.I.E.

The Hon. Major-General SYMONS, C.S.I.,
O.B.E., D.G., I.M.S., Vice-Chairman.

Mrs. SYMONS.

Mrs. S. R. DAS.

Mr. K. C. ROY, C.I.E.

Rai Bahadur MOHAN LAL, M.L.C.

Mr. WEBB-JOHNSON.

Mr. BREBNER, C.I.E.

Nominated Members.

The Hon. Raja Sir HARNAM SINGH, K.C.I.E.

Dr. PENNELL, B.Sc., M.B., B.S.

Mrs. GRAHAM.

Hon'ble Dr. U. RAMA RAO.

Mr. K. C. NEOGY, M.L.A.

Co-opted Members.

Dr. C. L. HOULTON,

The Principal, Lady Hardinge Medical College.

Members chosen by the Provincial Branches.

Madras . . .	Hon'ble Sir C. SANKARAN NAIR, Kt.
Bombay . . .	Sir PURSHOTAMDAS THAKURDAS, Kt., C.I.E., M.B.E.
Bengal . . .	Major H. SUHRAWARDY, M.L.C., M.D., F.R.C.S., I.L.M.
United Provinces . . .	Inspector General, Civil Hospitals.
Punjab . . .	Mrs. INGLIS.
Bihar and Orissa . . .	W. H. LEWIS, Esq., I.C.S.
Central Provinces . . .	The Hon'ble Sir MANAKJEE DADABHOY, Kt.
Assam . . .	J. HEZLETT, Esq., C.I.E., M.L.A.
Delhi . . .	Chief Medical Officer.
North-West Frontier Province.	Nawab Sahibzada Sir ABDUL QAYUM KHAN, K.C.I.E.
Baluchistan . . .	Chief Medical Officer, Baluchistan.
Rajputana and Central India	Chief Medical Officer, Rajputana.

Executive Committee.

HER EXCELLENCY THE LADY IRWIN, C.I.—*President.*

The Hon. Sir HENRY MONCRIEFF SMITH, Kt., C.I.E., I.C.S.—*Chairman.*

The Hon. Major-General SYMONS, C.S.I.,
Vice-Chairman.

Sir FREDERIC GAUNTLETT, K.B.E., C.I.E.,
I.C.S.

Mrs. GRAHAM.

Lt.-Col. H. HAY THORBURN, C.I.E., I.M.S.

Dr. A. C. SCOTT, W.M.S.

Secretaries.

Dr. A. C. SCOTT, M.B., C.M.O., W.M.S.—*Secretary.*

Lt.-Col. H. HAY THORBURN, C.I.E., I.M.S.—*Hony. Joint Secretary.*

Dr. RUTH YOUNG, M.B.E., B.Sc., M.B., Ch.B., Personal Assistant to Secretary for Maternity and Child Welfare Work.

Mrs. PITTAR—*Asst. Secretary.*

Treasurers.

Sir FREDERIC GAUNTLETT, K.B.E., C.I.E., I.C.S.—*Hon. Treasurer.*

Mr. P. R. RAU—*Hony. Deputy Treasurer.*

Auditors.

Messrs. PRICE, WATERHOUSE, PEAT & Co., Cawnpore.

Bankers.

Imperial Bank of India, Ltd.

Messrs. COUTTS & Co., 59, Strand, London.

REVISED RULES AND REGULATIONS

of

I. The National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund).

II. The Lady Chelmsford All-India League for Maternity and Child Welfare.

(As passed at General Meetings of the Association and the League held at Simla on 20th July, 1923.)

Chapter I.—Membership.

1. There shall be the following grades of members of the $\frac{\text{Association}}{\text{League}}$:—

- (a) Patrons.
- (b) Vice-Patrons.
- (c) President.
- (d) Vice-Presidents.
- (e) Life Councillors.
- (f) Life Members.
- (g) Ordinary Members.

2. The Patrons, the Vice-Patrons and the Vice-Presidents shall be the persons holding these offices at the time these rules are made and such persons as may from time to time be nominated by the President on the advice of the Council.

3. The President shall be the wife of His Excellency the Viceroy. In her absence the power of filling the vacancy shall rest with His Excellency the Viceroy.

4. Life Councillors and Life Members shall be the persons holding these offices at the time these rules were made, and all donors of sums amounting in the aggregate to Rs. 5,000 and Rs. 500, respectively.

5. Ordinary members shall be the persons who hold office in the $\frac{\text{Association}}{\text{League}}$ or pay an annual subscription of not less than five rupees.

6. The Council may elect any person to Honorary Membership of any grade in recognition of services rendered to the $\frac{\text{Association}}{\text{League}}$.

7. The Secretary of the $\frac{\text{Association}}{\text{League}}$ shall maintain a register of members of the $\frac{\text{Association}}{\text{League}}$ and this register shall be open to inspection.

Chapter II.—General Meeting.

8. (a) The General Meeting of the $\frac{\text{Association}}{\text{League}}$ shall be held once a year at the Headquarters of the Government of India upon a date to be fixed by the President. Notices of such annual meetings shall be given at least one month before the date fixed, and such notice shall specify the business to be transacted. Members of all grades shall be entitled to attend and to vote on any question that may be submitted to the meeting for determination.

(b) At such Annual Meeting eight members shall be elected to serve on the Council, an Auditor, who shall be a Chartered Accountant or other person skilled in accounts, shall be appointed, and the Annual Report and balance sheet for the past year, and Budget for the next year, shall be presented. Any other business may be brought forward with the assent of the President.

9. (a) An extraordinary meeting of the $\frac{\text{Association}}{\text{League}}$ may be convened at any time by the President for any purpose connected with the $\frac{\text{Association}}{\text{League}}$ and shall be convened on the written requisition of at least thirty members stating the object of such meeting.

(b) At least fourteen days' notice shall be given of such meeting, with the agenda to be brought before it, and no business other than that specified in such agenda shall be transacted.

10. (a) All General Meetings shall be presided over by the President, or in her absence by the Chairman of the Council or some other person appointed by the Chairman.

(b) All questions shall be decided by the votes of the members present, taken by show of hands, but any one present may demand a poll which shall forthwith be taken and the result declared by the officer presiding.

(c) In case of equality of votes the officer presiding shall have a second or casting vote.

Chapter III.—The Governing Body.

11. The Governing Body of the $\frac{\text{Association}}{\text{League}}$ for the purposes of the Act XXI of 1860 shall be the Council.

12. (1) The Council shall consist ordinarily of the President, a Chairman to be nominated by the President, who will preside in the absence of the President, the Treasurer, or Treasurers, the Secretary and Joint Secretaries, and 25 members of whom

(a) 12 shall be chosen by the committees of the provincial branches or of their equivalents in local administrations or Indian States in such manner as the Council, or, until the Council has been constituted, the President may determine:

(b) 8 shall be elected by the $\frac{\text{Association}}{\text{League}}$ at its Annual General Meeting from among the members of the $\frac{\text{Association}}{\text{League}}$ and

(c) 5 shall be nominated by the President.

(2) The Council shall have power to co-opt persons having expert knowledge in some branch of the $\frac{\text{Association's}}{\text{League's}}$ work, either as regular members of the Council, or *ad hoc*

for the consideration of some particular matter specially affecting the $\frac{\text{Association's}}{\text{League's}}$ work. The number of persons so co-opted shall not at any one time exceed five. Any co-option shall cease at the will of the Council.

(3) Vacancies among elected members occurring between two Annual General Meetings shall be filled by the Council. An absence of six months out of India shall constitute a vacancy.

13. The Council shall, at the first meeting held after the Annual General Meeting in each year, elect from among themselves a Vice-Chairman who, in the absence of the Chairman, shall conduct the duties of the Chairman and exercise his powers. In the absence of both at any meeting, such meeting may elect its own Chairman from those present.

14. An ordinary meeting of the Council shall be held at least once a year at such time and at such place as may be fixed by the President. The Annual Budget of the Association
League shall be considered at one such meeting in each year.

15. An extraordinary meeting of the Council may be called at any time by the President.

16. Upon a requisition in writing made by any five members of the Council stating the object, the President shall call an extraordinary meeting.

17. Fourteen days' clear notice of any meeting of the Council, specifying the place, day and hour of the meeting and the general nature of the business to be transacted, shall be given to every member of the Council by notice sent by post, provided that the accidental omission to give such notice to any of the members shall not invalidate any resolution passed at such meeting.

18. At a meeting of the Council eight members must be present in person to form a quorum.

19. If no quorum is present within half an hour of the time fixed for a meeting of the Council, the meeting shall be adjourned for at least one week to the same time and place and notice given again. At such adjourned meeting the business for which the meeting was called may be transacted whether a quorum is present or not.

20. In the event of an equality of votes at any meeting the presiding officer shall have a second or casting vote.

21. (1) The President shall appoint the Secretary and Joint Secretaries.

(2) The Council shall appoint the Treasurer or Treasurers.

(3) All other appointments shall be made by the Chairman, subject to the control of the Council.

22. The Council, subject to these rules, shall have general control of the affairs of the Association
League with authority to make standing orders, regulating its own procedure, the procedure of the Executive Committee, and the powers and duties of its officers. In particular it shall provide for a proper record of all proceedings, and for an accurate account of all receipts and payments to be open to the inspection of the auditor.

Chapter IV.—Committees.

23. The Council shall from among the members of the Association
League appoint an Executive Committee to perform the current duties of the Association
League and such other duties as the Council may prescribe. The transactions of the Executive Committee shall be duly recorded and laid before the Council at its next meeting for information or confirmation. In case of emergency the Executive Committee may perform any duty and exercise any power of the Council. With the concurrence of the President the Executive Committee may appoint any sub-Committee and delegate to it any powers which may be necessary, but the proceedings of such sub-Committees shall in every case be reported for information or confirmation to the Executive Committee. The President and the Chairman of the Council shall be *ex-officio* members of all sub-Committees.

24. The Executive Committee shall consist of the President, the Chairman and Vice-Chairman of the Council, a Treasurer, the Secretary and Joint Secretary, the Director General, Indian Medical Service, if he is willing to serve, and one member elected by the Council.

25. (1) All matters affecting the finances of the Association shall be referred to the League Executive Committee before being determined by the Council.

(2) The Executive Committee shall scrutinise the accounts of the Association and shall consider the Report of the Auditor. It shall also prepare the annual budget and submit it through the Council to the general meeting of the Association.
League.

25A.* The Executive Committee of the Association shall administer the Victoria Memorial Scholarships Fund in accordance with the objects of that Fund as defined on its inauguration by Her Excellency Lady Curzon in 1903, and shall keep separate accounts of all moneys received into or expended from the Fund. A separate report or section of a report shall be devoted annually to the working of this Fund.

26. When a branch of the Association is formed, or any other body having for its objects the purposes for which the Association is established, desires affiliation, the League case shall be examined by the Executive Committee, before being submitted to the Council, and no such branch shall be recognized or body affiliated without the vote of the Council. It shall be a condition of recognition or affiliation that each such branch or body shall have a regularly constituted committee.

27. Unless otherwise desired by them branches and affiliated bodies shall remain independent in the administration of their funds and in the conduct of their operations, but they shall furnish to the Council such reports and information as may be agreed upon mutually, and shall assist by correspondence and conference in the furtherance of their common objects. The Council shall have power, subject to the rules, to assist branches and affiliated bodies in such manner and to such an extent as it may consider to be conducive to the objects of the Association.
League.

General.

28. All moneys at any time standing to the credit of the general account which shall not be required for current expenses, and which the Council shall not determine to transfer to the Building or any other account, shall be invested by the Treasurer or Treasurers in securities authorised by law for the investment of trust funds.

29. The Bankers of the Association in India shall be the Imperial Bank of India.
League

30. If any corporation or firm or body of trustees shall make any subscription or donations to the Association the privileges which it carries shall be exercised by such persons as they shall nominate and in the case of a legacy the first-named Executor, unless the Testator has made other provisions.
League

31. None of these rules shall be repealed or altered and no new rules shall be made except by resolution passed by a majority of the Council present at an ordinary meeting and confirmed by resolution passed by a subsequent general meeting of the Association,
League

“In the matter of Act XXI of 1860 of the Acts of the Viceroy and Governor-General of India in Council, being an Act for the Registration of Literary, Scientific, and Charitable Societies

AND

In the matter of “ The National Association for Supplying Female Medical Aid to the Women of India.”

Memorandum of Association.

1. The name of the Association is “ The National Association for Supplying Female Medical Aid to the Women of India ”.

2. The objects for which the Association is established are :—

(1) *Medical tuition*, including the teaching and training in India of women as doctors, hospital assistants, nurses and midwives.

(2) *Medical relief*, including—

(a) the establishment under female superintendence of dispensaries and cottage hospitals for the treatment of women and children ;

(b) the opening of female wards under female superintendence in existing hospitals and dispensaries ;

(c) the provision of female medical officers and attendants for existing female wards ; and

(d) the founding of hospitals for women where special funds or endowments are forthcoming.

(3) The supply of trained female nurses and midwives for women and children in hospitals and private houses.

(4) The management of the Fund raised for the above objects, and which is known as “ The Countess of Dufferin’s Fund ”.

(5) The purchase or acquisition on lease, or in exchange, or on hire or otherwise, of any real or personal property, and any rights or privileges necessary or convenient for the purposes of the Association.

(6) The erection, construction, alteration, and maintenance of any buildings necessary or convenient for the purposes of the Association.

(7) The sale, improvement, management, and development of all or any part of the property of the Association.

(8) The promotion and establishment of Branches and of other Societies or Associations with similar objects, and the affiliation or amalgamation of such Societies or Associations with this Association.

(9) The doing of all such things as are incidental or conducive to the attainment of the above objects or any of them.

3. The names, addresses, and occupations of the persons who are members of and form the Central Committee or governing body of the said Association are as follows :—

1st.—Her Excellency the Right Honourable the Countess of Dufferin and Ava, C.I., Lady President, whose address is—Viceroy’s Camp, India.

2nd.—The Hon’ble Mr. A. R. Scoble, Q.C., Member of the Viceroy’s Council.

3rd.—The Hon'ble Sir Charles Aitchison, K.C.S.I., Member of the Viceroy's Council.

4th.—The Hon'ble Sir Dinshaw Maneckjee Petit, Kt., of Bombay, Additional Member of the Viceroy's Council.

5th.—A. P. MacDonnell, Esq., C.S., Secretary to the Government of India in the Home Department.

6th.—The Hon'ble Mr. C. H. Moore (Messrs. Gillanders, Arbuthnot & Co.), Calcutta, Member of the Council of His Honour the Lieutenant-Governor of Bengal.

7th.—The Hon'ble Sir Syed Ahmad Khan, Bahadur, K.C.S.I., of Aligarh, Member of the Council of His Honour the Lieutenant-Governor of the North-West Provinces.

8th.—Surgeon-General Sir Benjamin Simpson, M.D., K.C.I.E., Sanitary Commissioner with the Government of India.

9th.—Maharaja Sir Jotendra Mohun Tagore, Bahadur, K.C.S.I., Calcutta.

10th.—Sir Alexander Wilson, Kt. (Messrs. Jardine, Skinner & Co.), Calcutta, President, Bank of Bengal.

4. A copy of the Rules and Regulations of the said National Association is filed with this Memorandum of Association, and the undersigned, being seven of the members of the governing body of the said National Association, do hereby certify that such copy of such Rules and Regulations is a correct copy of the Rules and Regulations of the said National Association.

As witness our several and respective hands and signatures this 29th day of February 1888.

WITNESS.

SIGNATURES.

HARRY COOPER, *Major,*
Loyal North Lancashire Regiment.

HARRIOT DUFFERIN.
ANDREW R. SCOBLE.
C. U. AITCHISON.
JOTENDRA MOHUN TAGORE.
B. SIMPSON.
DINSHAW MANECKJEE PETIT.
CHARLES H. MOORE.

CHAPTER I.

Introduction.

In this volume are included the reports for 1928 of three separate organisations under the Presidency of Her Excellency the Lady Irwin. The actual funds are :— **Scope of the Reports.**

- (i) The National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund), including :—
 - (a) The original Dufferin Fund.
 - (b) The Women's Medical Service.
 - (c) The Central Office.
- (ii) The Victoria Memorial Scholarships Fund.
- (iii) The Lady Chelmsford All-India League for Maternity and Child Welfare, including the Lady Reading Health School.

The office of President of the National Association and its connected activities and of the League was held throughout the year by Her Excellency the Lady Irwin. **Office Bearers of the Funds.**

Sir Henry Moncrieff Smith acted as Chairman of the Funds and Major-General Symons as Vice-Chairman and Lieutenant-Colonel Hay Thorburn, C.I.E., I.M.S., Surgeon to His Excellency the Viceroy, has been Honorary Joint Secretary throughout the year.

For the period of her ten months' leave out of India, Dr. Ruth Young's place in the Central Office was taken by Dr. Elizabeth Walker for five months and by Dr. Esther Wingate for the remainder.

Mrs. Bhore left India in March. Her place on the Executive Committee was taken by Mrs. Graham.

There have been meetings of the Executive Committee of the Funds each month this year except February, April and November.

Two meetings of the Council were held at Viceregal Lodge. That in March in Delhi was followed immediately by the Annual General Meeting of the Funds, at both of which Her Excellency the Lady Irwin presided.

At the Council Meeting in Simla in September, the Chairman presided in the absence of Her Excellency who was in England.

We have to note with regret the loss by death of Colonel Harry Cooper, C.M.G., C.B.E., who was the first Honorary Secretary of the Countess of Dufferin's

Fund from 1885—1888 and was also a Life Member. The fact that Colonel Harry Cooper maintained his interest in the Fund he strove so mightily to start, is shown by his gracious acknowledgment and appreciation of the copy of the annual report of 1924, sent to all Life Members and Councillors, which it will be remembered contained a resumé of the origin and activities of all the Funds together with an explanation of the new constitution and the provision of Councils and Executive Committees with identical personnel for all the Funds, the working of which has proved so simple and effective.

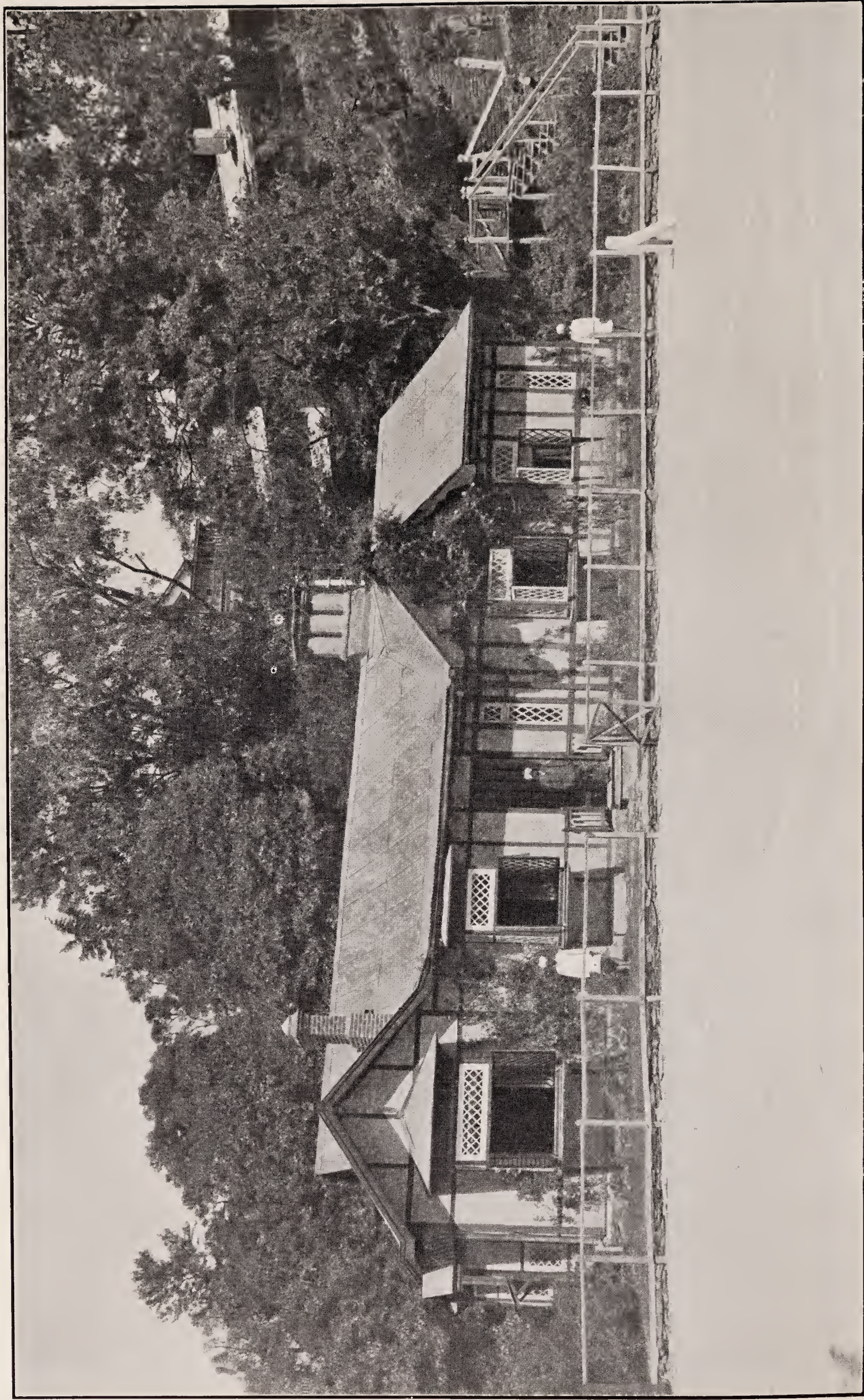
Sir Philip and Lady Hutchins, Life Members since 1890, have also died during the year.



*Forty-fourth Annual Report of
the National Association for
Supplying Medical Aid by
Women to the Women of India
for the year
1928*

*Including
The Fifteenth Annual Report of the
Women's Medical Service for
India*





COUNTRESS OF DUFFERIN'S FUND, CENTRAL OFFICE, SIMLA.

COUNTESS OF DUFFERIN'S FUND.

Branches of the Fund:

See Rules 26 and 27.

<i>Name of Branch.</i>	<i>Address of Secretary.</i>
A.—OTHER THAN GOVERNORS' PROVINCES.	
Baluchistan . . .	C. M. O., Quetta.
Delhi . . .	The Principal, Lady Hardinge Medical College, Delhi.
N.-W. F. P. . . .	C. M. O., Peshawar.
Bangalore . . .	Hony. Secretary, C. of D.'s Fund, Grace Villa, Bangalore.
B.—GOVERNORS' PROVINCES.	
Madras . . .	Hony. Secretary, C. of D.'s Fund, 81, Mount Road, Cathedral Post Office, Madras.
Bombay—	
(1) Bombay . . .	Surgeon to H. E. The Governor of Bombay.
(2) Karachi . . .	Hon. Secretary, C. of D.'s Fund, Dufferin Hos- pital, Karachi.
Bengal . . .	Surgeon to H. E. The Governor of Bengal.
U. P. . . .	Superintendent, Medical Aid for Women, Office of I. G., C. H., Lucknow.
Punjab . . .	Professor Shiv Dayal, M.A., Office of I. G., C. H., Punjab, Lahore.
Bihar and Orissa . . .	I. G., C. H., Patna.
C. P.—	
(1) C. P. . . .	Hony. Secretary, C. of D.'s Fund, Nagpur.
(2) Berar . . .	Hony. Secretary, C. of D.'s Fund, Amraoti.
Assam . . .	I. G., C. H., Shillong.
C.—UNITED KINGDOM.	
United Kingdom . . .	Miss Brooks, India Office.

COUNTESS OF DUFFERIN'S FUND.

Royal Patron.

HER MAJESTY THE QUEEN EMPRESS.

Patron in India.

HIS EXCELLENCY THE RIGHT HON'BLE FREDERICK LINDLEY WOOD, BARON IRWIN OF KIRBY UNDERDALE, P.C., G.M.S.I., G.M.I.E., VICEROY AND GOVERNOR-GENERAL OF INDIA.

President.

HER EXCELLENCY THE LADY IRWIN, C.I.

Vice-Patrons.

Field-Marshal H. R. H. The DUKE OF CONNAUGHT AND STRATHEARN, K.G., K.T., K.P., G.C.B., G.C.S.I., G.C.M.G., G.C.I.E., G.C.V.O., G.B.E., V.D.

The Most Hon'ble The DOWAGER MARCHIONESS OF DUFFERIN AND AVA, V.A., C.I., G.B.E.

The Most Hon'ble The MARCHIONESS OF LANSDOWNE, C.I., G.B.E., V.A., C.H.

The Right Hon'ble the DOWAGER COUNTESS OF LYTTON, C.I., V.A.

The Right Hon'ble The DOWAGER COUNTESS OF MINTO, C.I.

The Right Hon'ble BARON HARDINGE OF PENSHURST, K.G., G.C.B., G.C.S.I., G.C.M.G., G.C.I.E., G.C.V.O., I.S.O.

VISCOUNTESS CHELMSFORD, C.I., G.B.E.

THE MOST Hon'ble The MARCHIONESS OF READING, C.I., G.B.E.

Lt.-Genl. H. E. H. The NIZAM OF HYDERABAD, G.C.S.I., G.B.E.

H. H. The MAHARAJA OF BARODA, G.C.S.I., G.C.I.E.

H. H. The MAHARANA OF UDAIPUR, G.C.S.I., G.C.I.E., G.C.V.O.

H. H. The NAWAB SULTAN JAHAN BEGUM OF BHOPAL, G.C.S.I., G.C.I.E., C.I., G.B.E.

Lt.-Col. H. H. The MAHARAJA OF BENARES, G.C.S.I., G.C.I.E.

H. H. MAHARANI KEMPA NANJAMMANE AVARU VANIVILAS SANNIDHANA, C.I., Maharani of Mysore.

H. H. The MAHARANI CHINKU RAJA SAHIBA OF GWALIOR.

The MAHARANI OF HUTWA.

The Right Hon'ble LORD HARRIS, G.C.S.I., G.C.I.E., C.B.

The Hon'ble MAHARAJADHIRAJA OF DARBHANGA, G.C.I.E., K.B.E.

The Lady WENLOCK, C.I.

The Lady AMPHILL, C.I., G.B.E.

The Lady NORTHCOTE, C.I., G.B.E.

The Hon'ble MAHARAJADHIRAJ BAHADUR Sir BIJAY CHAND MAHTAB OF BURDWAN, G.C.I.E., K.C.S.I., I.O.M.

Lady AITCHISON.

Lady LYALL.

Lady ELLIOTT.

The MAHARANI OF BURDWAN.

The TIKKA RANI SAHIBA OF KAPURTHALA.

H. H. The NAWAB OF RAMPUR, G.C.S.I., G.C.I.E., G.C.V.O.

Lt.-Col. H. H. The MAHARAO OF KOTAR, G.C.S.I., G.C.I.E., G.B.E.

Vice-Presidents.

The Hon'ble Dr. MIAN SIR MUHAMMAD SHAFI, K.C.S.I., C.I.E.

His Excellency Sir MALCOLM HAILEY, K.C.S.I., C.I.E.

E. J. BUCK, Esq., C.B.E.

Lady DADABHOY.

Rai Bahadur Sir ONKAR MAL JATIA.

Life Councillors. (Rule 4.)**1885.**

H. H. The Maharaja of Kapurthala, G.C.S.I., G.C.I.E.

H. H. The Maharaja of Bikaner, G.C.S.I., G.C.I.E., G.C.V.O., G.B.E., K.C.B., LL.D.

1886.

H. H. The Maharao of Cutch, G.C.S.I., G.C.I.E.

1887.

H. H. The Maharao of Kotah, G.C.S.I., G.C.I.E., G.B.E.

1889.

Dame Millicent FAWCETT, 2, Gower Street, London.

Miss P. GARRET FAWCETT, 2, Gower Street, London.

1896.

The Hon. Raja Promoda Nath Roy of Dighapatia, Rajshahi District, Bengal.

Babu Anath Nath Mullick, Calcutta.

1897.

Raja Bhagwan Baksh Singh, of Amethi, Sultanpur, U. P.

1898.

Maharaja Sir Manindra Chandra Nandy, K.C.I.E., Kashimbazar, Bengal.

Raja Mohima Ranjan Roy Chowdhury of Kakina, Rangpur, Bengal.

Life Members. (Rule 4.)**1885.**

The Hon. Raja Sir Harnam Singh, K.C.I.E., Jullundur.

H. H. the Nawab of Tonk, G.C.S.I., G.C.I.E.

Dowager Rani of Tiloi, Rai Bareilly, U. P.

Rajadhiraja Sir Nahar Singhji, K.C.I.E., Chief of Shahpura, Rajputana.

H. H. The Maharaja of Orchha, G.C.S.I., G.C.I.E.

H. H. The Maharaja of Chhatarpur, Central India.

1887.

The Most Hon. The Marquess of Aberdeen and Temair, P.C., K.T., G.C.M.G., G.C.V.O.

1896.

Sir M. D. CHALMERS, K.C.B., C.S.I., 8, Lauriston Road, Wimbledon, London.

1898.

Lady J. L. WALKER, Worplesdon Place, Worplesdon, Surrey.

1906.

Raja Manmatha Nath Rai Choudhury of Santosh, Bengal.

CHAPTER II.

Countess of Dufferin's Fund.

The year 1928 has been one of disappointment as far as the progress of supplying first class medical women through the Women's Medical Service is concerned. It will be remembered that last year the Association had to report the Government of India's refusal to raise the subsidy granted each year to Rs. 5,00,000 which sum would have been sufficient to increase the cadre of the Women's Medical Service to 50 doctors ; this refusal was followed by another refusal to give even temporary help with a non-recurring grant so as to obviate the necessity of cutting down the sanctioned posts until such time when grants promised by the Provinces were obtained.

The Committee had therefore reluctantly to refrain from filling two vacancies in the cadre occurring during the year and had to begin cutting down the sanctioned posts by withdrawing the W. M. S. doctor from the Women's Hospital, Hyderabad, Sind. This post was selected for reduction because inspection reports showed the hospital to receive very little local support while the minimum appliances and staff necessary for even moderately good work were not being supplied by the Hospital Committee. Further withdrawals will be necessary if support from the Provinces is not received and the doctors removed will be from hospitals in those provinces which do not pay towards the services of their W. M. S. doctors.

The Council felt so strongly the hopelessness of coping with the work of providing well qualified women doctors without increased aid from Imperial revenues, that it has determined to lay the matter before the Indian Statutory Commission at its visit to Delhi in March 1929. The Memorandum presented will be found in Annexure XIV, page 87 of this report.

Another disappointment was the refusal of the Rockefeller Foundation **Research Work.** to give any grant towards the research work on Maternal and Infant mortality which Dr. Balfour is pursuing at the Haffkine Institute, Bombay ; this disappointment has been mitigated by the response to Her Excellency the Lady Irwin's personal appeal to wives of Governors to help in this all-India work.

The appeal was sent out in March 1928, the total sum asked for being sufficient to bring out a medical woman specialist in research work from England, pay her salary for two years and her return passage at the end of that time.

The appeal resulted in the receipt in 1928 of Rs. 15,431 obtained from the following :—

Through Lady Wilson, Bombay, Rs. 8,000.

Through Lady Stephenson, Bihar and Orissa, Rs. 3,431.

Through Lady Butler, Central Provinces, Rs. 2,000.

Through Lady Hammond, Assam, Rs. 2,000.

It is expected that the balance asked for will be received early in the year from the remaining provinces. The research worker, Dr. Christine Thomson has accepted the post and is expected to begin work in Bombay in February 1929, joining Dr. Balfour's unit to which Dr. Lucy Wills, another Specialist, paid from the Indian Research Fund Association, was added during the year.

Nursing Scheme.

During the summer the Committee took in hand the question of increasing the number of properly trained nurses in India, both for Hospitals and for private cases. In order to fulfil the requirements of modern training at four of the existing training schools in India, it was estimated that a recurring cost of about Rs. 1,50,000 would be involved in addition to the cost of buildings required to accommodate the nurses in training. It was decided to approach the Rockefeller Foundation for the estimated recurring cost, as this fund had subsidized similar nursing schemes in other countries, but this appeal again met with no success, the reason given being that the Foundation had resolved to discontinue this activity.

Age of Consent Committee.

In May the Government of India requested the Dufferin Fund through the Director General, Indian Medical Service, to select a medical woman to serve on the committee appointed to consider the " Age of Consent " in India. It was possible to depute Dr. Mary O'Brien Beadon, W.M.S., for this important work as she was just returning from long leave and had not resumed charge of the Victoria Caste and Gosha Hospital, Madras. Dr. Beadon was particularly well qualified to undertake this work as she has, in nearly 20 years' service in India, had experience in charge of important hospitals in North India and the Principalship of the Agra Medical School for women, and since her marriage she has been in charge of the Victoria Hospital for women in Madras, with which is combined the Lady Willingdon Medical School for women. Dr. Beadon worked for 8 months on this committee.

The report of the Committee is not published yet but there is no doubt that Dr. Beadon's experience, personality and ability were of great service in such a difficult and delicate piece of work. Many medical women, including several officers of the Women's Medical Service, gave evidence before the Committee.

Hospitals under W. M. S. officers.

If readers of this report will take the trouble to peruse the individual reports from the Hospitals officered by W. M. S. doctors, they cannot fail to be struck by the universal cry from all the doctors from Karachi to Calcutta and

elsewhere for more money for the supply of the barest necessities for these hospitals. The Secretary, in her inspection reports, has reiterated these appeals, pointing out the urgent necessity for repairs and additions to buildings, and the inadequate supply of equipment, bedding and nursing staff. The fact has to be recognised that Women's Hospitals receive scant attention and still scantier support in almost all the Provinces in India. They are not endowed and depend for their support on doles from local bodies and subscriptions from the public. The Indian public will not give in charity to the support of these institutions, though many large sums have in the past been donated by Indians for buildings and other non-recurring expenditure. There is no doubt, judging by the number of women and children availing themselves of the free and efficient treatment provided, that the institutions are popular and supply a crying need.

In most of the hospitals there is considerable overcrowding and this is increasing annually. Local Governments in their grants to Hospitals pay much larger sums to those where men form the great majority of patients and neglect those which cater specially for the needs of women and children.

The work of the Central Office has gone on steadily throughout the year and it is used more and more as a bureau of information on all subjects dealing with work among women and children. The Publication Department has suffered owing to the absence of Dr. Ruth Young on leave in England for ten months, her place as Personal Assistant to the Secretary was taken successively by Dr. Walker and Dr. Wingate of the Women's Medical Service leave reserve. **Central Office.**

The Secretary is also inspecting officer for the Women's Medical Service and visited during the year all the hospitals under W. M. S. officers, except those at Quetta and Madras, besides other places where work subsidized by grants from the Victoria Memorial Scholarships Fund and the Lady Chelmsford League is being carried on. A glance at the map affixed to this report shows over what a vast area these tours necessitate travelling. Besides the responsibility of the Central Office, the Secretary, as Chief Medical Officer of the Women's Medical Service, is *ex-officio* member of the Governing Body and Executive Committee of the Lady Hardinge Medical College, which entails work of increasing responsibility and difficulty.

The funds owe a debt of considerable gratitude to Sir Frederic Gauntlett who, as Honorary Treasurer, has piloted the finances of all the funds through a difficult period of six years and has placed them all on a thoroughly sound footing. His great interest in the funds themselves and ready help on the Executive Committee have been of the greatest possible assistance.

**Tuitional
activities.
Scholar-
ships.**

Twenty-six scholarships have been given to students at the following medical colleges :—Eighteen at the Lady Hardinge Medical College, Delhi, three at Bombay, three at Madras and two at Calcutta. Of these seventeen are from Council funds and the remainder from Trust funds administered by the Countess of Dufferin's Fund.

The Gilchrist Educational Trust has again made its annual grant of £150 making it possible for us to continue their stipends to six students at the Lady Hardinge Medical College. We are deeply indebted to this Trust for its valuable help.

Medals.

Three Viceroy's Silver medals were awarded during the year to the following students :—

Miss Kaniz Bano of the Lady Hardinge Medical College, Delhi, for 1928.

Miss Helen Walter of the Women's Medical School, Agra, for 1928.

Miss L. Arratoon, Women's Medical College, Ludhiana, for 1927.

**Indian
States.**

The extent of the work being done in giving medical aid by women in Indian States is shown in Annexure IX to this report.

**Women's
Medical
Service
(Senior
Branch).**

At the end of 1928 the strength of the cadre was 41 officers, 38 on duty and 3 on leave, one doctor is being added early in 1929.

A list of sanctioned posts is given in Annexure X.

Of the 41 officers in the Service on 31st December 1928, 19 had a European and 22 an Indian domicile, whilst of these latter 9 belonged to the domiciled community and 13 were Indians.

The Service has done good, steady and conscientious work during the year. In many Hospitals doctors are fighting a difficult game, having to work in wretchedly constructed, rapidly deteriorating buildings, with poor equipment and an inefficient staff. The struggle to make both ends meet is a constant anxiety and adds enormously to the heavy responsibility entailed in the care and treatment of patients, in considerable climatic difficulties and often great loneliness.

**Reports
of the
Service.**

During 1928 the following resigned the Service and left after six months' notice :—

Dr. Slater, M.B., B.S.

Dr. Walker, M.B., Ch.B.

Dr. Milne, M.B., Ch.B.

Dr. O'Sullivan, M.B., Ch.B.

The three last resigned on account of their marriage.

The following officer joined the Service to fill one vacancy, the remainder remained unfilled :—

Dr. L. Torrance, M.D., Ch.B. (Glas.).

The following returned from long leave during the year :—

Dr. Mohd. Ali, M.B., B.S., M.R.C.S., L.R.C.P.

Dr. O'Brien Beadon, M.B., B.S.

The following are on leave, on the 1st January :—

Dr. Wingate, M.B., B.S.

Dr. Chatterji, M.B., Ch.B., D.P.H.

Dr. Bolton, M.B., L.R.C.P., M.R.C.S. (Eng.).

In September 1928, Dr. Wischam, M.B. (Cal.), was sent to England to obtain a British qualification. There have been two admissions during the year, Dr. S. Matthews, M.B., B.S. (Punjab) and Dr. U. D'Monte, M.B., B.S. (Bombay). Dr. Bali is expected to return to India early in 1929 after 18 months' stay in England.

Dr. Alfred retired after twenty-four years' service, thus leaving only six in this Service, one of whom Dr. Barlow has been put in temporary charge of the Municipal Zenana Hospital, Dera Ismail Khan, during the absence of Dr. Bolton, W.M.S., on leave.

Training Reserve.

Women Medical Service (Junior Branch).

Lady Hardinge Medical College Hospital, New Delhi.—The Principal writes :—This report deals with the calendar year 1928, unlike the College report, which dealt with the academic year ending on 15th September 1928.

Reports of Hospitals. Govt. of India areas. Delhi Province.

Administrative Staff.

Medical Superintendent . . .	Dr. G. J. Campbell, M.D., W.M.S.
Joint Superintendent . . .	Dr. E. Pfeil, M.B., B.S., W.M.S.
Nursing Superintendent . . .	Miss A. E. Hogg.

General.

There are fortunately no changes of permanent medical staff to record, but Dr. L. S. Chatterji, W.M.S., Pathologist, and Dr. E. Pilley, W.M.S., Radiologist, both had long leave during the year. The W. M. S. authorities posted Dr. G. P. Patel, W.M.S., to act for the former, but during the $3\frac{1}{4}$ months that Dr. Pilley was on leave, in continuation of her vacation, we had to make our own arrangements for her work, as best we could, and to cut down the number of X-Ray examinations to an extent much below that required for efficient treatment of our patients. This is an unsatisfactory state of affairs.

Dr. Gobindar Kaur, who has done excellent work as Assistant in the Surgical Unit for nearly three years, had to be ordered sick leave for five months, by a Medical Board, in the end of October. We had the good fortune to secure for this period, with effect from 8th November, and without additional expense the services of Miss J. W. Nagel, M.B., B.S. (London), D.P.H. (England).

There have, of course, been the usual changes of House Surgeons, as they are appointed, for one year only, immediately after graduation, working for approximately four months in each of the three main Units in turn, and thus gaining a more comprehensive experience of surgical and medical work than it would be possible for them to obtain anywhere else.

I.—Obstetric and Gynaecological Unit.

Surgeon. Miss G. J. Campbell, M.D., Ch.B. (Glasgow),
W.M.S.

Assistant Surgeon Mrs. Balwant Kaur, M.B., B.S. (Punjab).

House Surgeons in succession { Miss L. Rawat, M.B., B.S. (Punjab).
Miss E. Street, M.B., B.S. (Punjab).
Miss E. Smith, M.B., B.S. (Punjab).
Miss S. Kirloskar, M.B., B.S. (Punjab).

Dr. Campbell reports :—1,584 patients have been admitted to this Unit, the average daily number being 71. There have been 447 cases of childbirth, as against 404 in 1927. 204 cases were abnormal—including two full-term abdominal pregnancies and 28 Caesarean sections, the latter all being performed for marked pelvic contraction due to osteomalacia.

31 patients have been treated for severe anaemia complicating pregnancy or the puerperium, and, in spite of all our efforts, six of these died.

During the 1927 small-pox epidemic, we began vaccinating new-born babies on the fifth day. This has been continued during 1928, except in cases where the parents did not consent, and it is increasingly popular. We find that it does not upset the baby, and if it makes the mother wish to stay in hospital two to three days longer, that is all to her advantage also.

On 12th September, nine babies were born in the two Labour Wards within six hours, and as this was a record for our 11-year-old hospital, we celebrated it by improving the lighting of these rooms, buying an additional ceiling fan, and installing three surgical basins with drainage pipes and vents, at a total cost of Rs. 2,033 which was met in full by donations received from grateful patients treated in the Unit.

1,540 surgical operations have been performed, including 1,096 under chloroform or ether. 143 patients had abdominal sections for various serious maladies. These included 62 for the removal of tumours or cysts. The appendix was removed, as a subsidiary procedure, 73 times. There were 14 hysterectomies (three vaginal) besides two abdominal myomectomies. 32 pelvic abscesses were opened and drained per vagina.

The following have been found specially helpful :—Field block local anaesthesia with novocaine and adrenalin, intra-uterine injections of sterile glycerine in the case of patients admitted with puerperal sepsis, the modern method

of treating the pernicious form of anaemia, and non-specific protein injections for osteomalacia as well as for pelvic cellulitis. If after we had made up our minds that osteomalacia is a deficiency disease, it should prove to be an infection superadded on to such deficiency, this would be very interesting. The success of N. S. P. injections even in cases where no other treatment can be carried out, points in this direction. So also does the fact, long known to us but not understood, that, while osteomalacia patients who take Cod Liver Oil, which contains the anti-infective Vitamin A, as well as Vitamin D, greatly benefit thereby, those who will not take Cod Liver Oil, on account of caste scruples, but take instead some reliable proprietary preparation of Vitamin D only, derived little or no benefit as a result.

II.—Surgical Unit.

Surgeon	Miss E. Pfeil, M.B., B.S. (London), W.M.S.
Assistant Surgeons in succession.	<div> <div>Miss Gobindar Kaur, M.B., B.S. (Punjab).</div> <div>Miss J. W. Nagel, M.B., B.S. (London), D.P.H.</div> </div>
House Surgeons in succession	<div> <div>Miss L. Rawat, M.B., B.S. (Punjab).</div> <div>Miss S. Kirloskar, M.B., B.S. (Punjab).</div> <div>Miss E. Street, M.B., B.S. (Punjab).</div> <div>Miss Kaniz Bano, M.B., B.S. (Punjab).</div> </div>

Dr. Pfeil reports :—To this Unit there have been 493 admissions, the daily average number of in-door patients being 73·97, an increase of nearly six on last year's average.

The work has been continued on the usual lines, and there is little of special interest to report. A continued difficulty is the very long course of treatment needed by many of the patients, which results in a very small number of beds being available for daily admission of new patients. It is however exceedingly difficult to refuse in-patient treatment in such cases as tuberculous of the spine, thereby condemning them to the risk of that terrible complication of inadequately treated spinal caries-paraplegia.

The Unit has suffered a great loss this year through the absence of Dr. Gobindar Kaur on sick leave. The help of Dr. Nagel, who joined as temporary substitute in November, has been much appreciated.

III.—Medical Unit.

Physician	Miss N. E. Trouton, M.B., B.S. (London), D.T.M. & H. (Calcutta), W.M.S.
Assistant Physician	Miss S. Udwadia, M.B., B.S. (Bombay).
House Surgeons in succession	<div> <div>Miss S. Kirloskar, M.B., B.S. (Punjab).</div> <div>Miss L. Rawat, M.B., B.S. (Punjab).</div> <div>Miss E. Street, M.B., B.S. (Punjab).</div> </div>

Dr. Trouton reports :—The admissions to the Unit numbered 909 and the average daily number of in-door patients has been 63·5. The diseases included, among others, 52 cases of malaria, 42 of dysentery, 37 of pneumonia, and

50 of osteomalacia. The admissions for tuberculosis of the lungs have been fewer, namely, 97 whereas they were 115 last year, but several of these patients have stayed longer in hospital, so that our tuberculosis beds have always been full. The work in the Unit has been much as usual.

IV.—Eye, Ear, Nose and Throat Unit.

Surgeon Miss R. E. Roulston, M.B., Ch.B. (Glasgow),
D.O. (Oxon.), W.M.S.

House Surgeons in succession . { Miss S. Matthew, M.B., B.S. (Punjab).
{ Miss E. Smith, M.B., B.S. (Punjab).

Dr. Roulston reports :—The admissions to this Unit were 277, and the average daily number of in-door patients was 24·2. Patients in other Units treated for Eye, Ear, Nose and Throat complications, are not included in these figures. During the hot season, to facilitate holiday arrangements for sisters and nurses, the Unit was closed for three months, and any patients remaining were accommodated in the other Units. The large ward has been improved by the addition of two single-bedded rooms, made by division of the ordinary ward side-room. These are very popular with patients.

The surgical work shows the usual increase, and the total number of operations performed was 371. Of these, 168 were on the Eye, 7 were on the Mastoid (including 2 extra dural abscesses), and 91 were for enlarged tonsils, and adenoids. There were 6,117 attendances at the Out-door Department. More patients seem to be sent by general practitioners, and greater numbers are coming from outlying districts.

V.—X-Ray and Electro-Therapeutic Department.

Specialist Miss E. Pilley, M.B. (London), L.R.C.P.,
M.R.C.S. (England), W.M.S.

Part-time Assistants in succes- { Miss S. Saberwal, M.B., Ch.B. (Edinburgh).
sion. { Miss R. Rekhi, M.B., B.S. (Punjab).

Dr. Pilley reports :—The Electro-Therapeutic Department has been officially open three days a week throughout the year. The work has however become so heavy that patients have been attending every morning in spite of the inadequate staff on the other days.

The number of attendances during the year has again risen and reached 6,547 by the end of the year.

The ultra-violet lamp, added to the Department last year, has fully justified its purchase. The osteomalacia patients, who still form a big proportion of those attending, are coming for treatment earlier and their symptoms are rapidly alleviated by the light treatment. The lamp is also being used for the treatment of tubercular patients, and cases of chronic osteomyelitis with great benefit. More space and a second lamp is needed for these treatments.

Several patients with chronic pelvic inflammation have been successfully treated by diathermy, and several small growths have been successfully removed by this means.

X-Ray Department.—Although I was on leave for five months this summer, the Department was kept open by Dr. Saberwal and Dr. Pichamuthu. The number of patients examined 1,015, shows a slight increase over last year, and this is chiefly among the out-patients. Very few treatments have been undertaken, because the apparatus is unsuitable for anything but very light work.

VI.—Pathology Department.

Pathologists in succession	{ Miss L. S. Chatterji, M.B., Ch.B. (Aberdeen), D.P.H. (Cambridge), W.M.S., up to 3rd May 1928. Miss G. P. Patel, M.B., B.S. (London), D.T.M. & H. (Calcutta), W.M.S., officiating from 17th September 1928.
Clinical Pathologist	Miss J. C. Gilchrist, M.B., Ch.B. (Glasgow).
Second Assistants of House Physicians grade in suc- cession	{ Miss S. Shrikhande, M.B., B.S. (Bombay), up to 31st August 1928. Miss E. Robertson, M.B., B.S. (Bombay), from 1st September 1928.

Dr. Patel reports :—The total number of specimens of clinical material examined was 5,330, as against 4,611 last year.

There was an increase in the following examinations as compared with the figures for last year.

Sections of Tissues 294 as against 177.

Widal Tests 58 as against 12.

Urine Cultures 179 as against 106.

Vaccines were made for 66 patients as against 48 in 1927, the vaccines being made from urine, sputum and pus from various sources.

Clinical materials sent for examination from the Hospital included among others, 1,903 Blood Smears, and 1,063 specimen of fæces. 43 of the latter showed Ova of *Ankylostoma Duodenale*.

Blood Cultures were done in 16 cases, mostly with a negative result, but one from a fatal case of Typhoid Fever produced a growth of Typhoid Bacilli.

Cerebro Spinal Fluid was cultured in 8 cases. All were negative except one, from a fatal case of meningitis in a baby, from which a pure growth of Diptheroid bacilli was obtained, confirming the result found on direct microscopic examination.

There were 13 inoculations of guinea pigs ; mostly with suspected tuberculosis material, but two with cerebrospinal fluid. Mostly the results were negative, only one was found positive for tuberculosis.

Out of 44 throat swabs, 17 were positive for Diptheria, which shows that this disease is not so uncommon amongst Indians as is usually thought.

There was an appreciable diminution in malarial infection and amœbic dysentery, as gathered from the results of the year's examinations.

Museum specimens show a steady increase and the total number up to date is 512. Cataloguing of the specimens still requires some revision or re-arrangement, which cannot very well be carried out by an officer acting for a short period only.

The Department was fortunate in having the services, throughout the year, of Dr. Gilchrist, the Clinical Pathologist, whose laboratory experience in Britain, specially in Bacteriology, proved very useful.

All the members of the Unit, including the laboratory assistants, have facilitated the work in the Department by their willing help.

Summary of Statistics and Out-door Department.

3,276 patients, in all have been treated in the wards, divided among the different Units as follows :—

	<i>Number admitted.</i>	<i>Average daily number.</i>	<i>Average num- ber of days in Hospital.</i>
Obstetric and Gynaecological Unit .	1,584	71·21	16
Surgical Unit	492	73·97	55
Medical Unit	909	63·52	25
Eye, Ear, Nose and Throat Unit .	277	24·20	32
X-Ray (four beds)	14	2·25	57
Total .	3,276	235·15	36

The daily average number of in-door patients is 35 above the sanctioned number, as against 29 last year. The average number of days in Hospital is inflated in the case of the Eye Unit and X-Ray beds, as these were not functioning for three months, and 5¼ months' respectively, while the calculation is based on 12 months or 366 days.

At the Out-door Department 12,027 patients made 29,491 attendances.

Income derived from Patients.

As stated last year, any patient who desires free treatment is made welcome, and admitted to a bed, surrounded by curtains, in the appropriate general ward. Patients in the Cottage or Family Wards, and in the private rooms for patients living in European style, are however required to contribute towards the cost of their treatment. By this means, during 1928, a sum of Rs. 35,130 has been obtained and used to help in maintaining the Hospital. This is in addition to payments for diet, and free-will contributions to the Donation Fund.

Nursing Staff and Nurses' Training School.

Nursing Superintendent . . .	Miss A. E. Hogg.
Assistant Nursing Superintendent.	Miss K. M. Dougall.
	(from 23rd September 1928.)

Nursing Sisters.

Mrs. G. Fitzgerald . . .	Sister in Charge of Eye, Ear, Nose and Throat Wards and of housekeeping for Sisters' Mess, and diet for all European patients.
Miss A. Davis . . .	Sister in Charge of East and West operating theatres and of equipment.
Mrs. K. A. Asquith . . .	Sister in Charge of Surgical Unit.
Miss M. I. Lloyd . . .	Sister in Charge of Medical Unit.
Miss Clappen . . .	Sister in Charge of Obstetric and Gynaecological Unit.

Indian Charge Nurses.

Miss S. Mitra . . .	In charge of Cottage Wards.
Miss Danson . . .	In charge of North Theatre and of Out-patients' Department.
Miss R. Poshen . . .	In charge of Isolation Ward.

In addition there are 24 Indian Staff Nurses.

The Heads of all the Units acknowledge how much the success of treatment has been due to the devoted and able work of the Nursing Staff.

Miss Hogg reports :—The number of pupil nurses in the Training School in 1928 was 54. Of these 5 have completed their full training, and 4 have been made full Staff Nurses. 16 new probationers were admitted on 3 months' trial, and of these 8 have been confirmed, 3 have left, and 5 are still on probation.

An increase of probationers has been granted, to meet the increase of work.

As Nursing Superintendent, I found it impossible to cope with my work satisfactorily, and an Assistant Nursing Superintendent was appointed in September. Miss Dougall, one of the Nursing Sisters being appointed, a new Sister has since been chosen to fill her place in the Wards.

Great attention is being paid to diet and to the general health of the nurses, with the result that, this year, we have no less than 22 with not one day of sickness, as against 17 in 1927. Since the appointment of the Assistant Nursing Superintendent orderliness in the Nurses' Hostel has greatly improved.

The pupil nurses have been successful in their examinations.

In March out of 24 candidates there were 20 passes, 5 getting over 80% and 4 partial failures, 3 in the first year and one in the 3rd year.

We had 2 first places, 2 seconds and 3 thirds in Upper India.

In October out of 20 Nurses sitting for the full examination there was only one partial failure, in the Anatomy paper of the 1st year Section. Out of these 6 got 80% and over. Those who partially failed in March all passed at their second attempt.

We got 2 first places, one second and two thirds in Upper India.

I consider this a great tribute to the careful tuition on the part of Doctors and Sisters who lectured, and to the painstaking tuition in practical work by Ward Sisters and Charge Nurses.

Among the 9 midwives in training, we have had 7 new candidates, 5 of whom are working steadily and well, two having left. Two fully qualified have left, and gone on to help in Public Health work in New Delhi.

I have been here now for a year, and wish to thank all those who have so loyally helped me through a difficult first year.

Victoria Zenana Hospital, Delhi.—Dr. Keane writes:—This year has been an exceptionally heavy one, and in spite of some unfounded and adverse criticism in the local Press, the work in all departments shows a substantial increase, especially the maternity cases, there having been 538 cases up to date (12th December 1928). This increase in work has meant serious overcrowding, and throughout the year all available space on verandahs, corridors, etc., has been crowded with charpoys to provide accommodation for the ever-increasing numbers of patients seeking admission, and this in spite of careful weeding out of many of the less serious cases and refusing admission to many other chronic ones for want of accommodation. It is now imperative that the hospital be extended and the staff increased, as it is only due to the devotion and self-sacrificing work of the whole staff that the work does not suffer and that it is possible to cope with the ever-increasing amount of work.

Staff.—The staff is the same as last year. In this year's examinations two nurses completed their three years' training and passed the final examination of the United Board, and four out of the five midwifery pupils obtained the C. M. B. of the Punjab.

Table-tennis, Badminton and Deck-tennis have been provided for the nurses' recreation and they are getting quite keen on playing.

Buildings.—During the year four commodious family wards have been completed and a mortuary and Porter's Lodge have been built. The family cottages were soon occupied as they are most comfortable and are very suitable for better class patients. The electric installation is still in a very dilapidated condition and needs immediate attention. This was reported on last year.

Finances.—Slightly increased grants have been given this year, and our allowances for (i) patients' diet, (ii) linen, (iii) contingencies and (iv) equipment and drugs, have been increased accordingly which has made the working of the hospital a little less difficult.

Gifts.—I have to acknowledge with grateful thanks the gift of four baby cots with bedding from one donor, and blankets and warm bed jackets from the Red Cross.

The Lady Reading Hospital for Women and Children, Simla.—Simla.
Dr. Franklin writes :—I took over charge of the Lady Reading Hospital on 1st April 1928 with some trepidation, knowing the reputation of its late Medical Superintendent, Dr. Houlton, in whose departure, not only the Hospital, but Simla has lost one of its ablest doctors. Dr. Acheson carried on for the first three months of the year and when I joined, the General Wards were all full. The number of in-patients is speedily increasing and every available space in wards and verandahs was utilised during the season, in spite of this we were obliged to refuse admission to the less serious cases on account of lack of accommodation. I am glad to report that the Governing Body has sanctioned alterations and extra buildings which will increase the accommodation by 18 beds. The buildings are already started and comprise extra accommodation for Staff, two more family wards, the conversion of the present servants' quarters into Re. 1 (small single wards) and a new block of servants' quarters.

Dr. Torrance succeeded Dr. Acheson as Resident Medical Officer. We were very sorry to lose the services of Dr. Barlow who was transferred to Dera Ismail Khan in October. The out-patient department is now in the charge of Dr. D'Monte (W. M. S. reserve). An extra House Surgeon was sanctioned by the Governing Body for the busy months and Dr. MacDougal came and helped us from May till November. It is with much regret that I have to report the resignation of Miss Roseveare who, through ill-health, was obliged to leave India early in October; only those who have watched the growth of this Hospital can realise how much its success is due to the untiring efforts and self-sacrifice of its Nursing Superintendent. We are fortunate in having secured Miss Mellowes as our new Nursing Superintendent. Miss Mellowes has had the advantage of working with Miss Roseveare for some 18

months and is ably carrying on the traditions of the Hospital. After several changes among the Sisters, we are happy in having obtained the services of Miss Harlock who has worked in India for some years and of Miss Gould who came out from England to join this Hospital.

The Probationer Nurses have done well in their examinations, all three classes being top of the English-speaking Section with the exception of one nurse who failed in the 2nd examination. Those who took the C. M. B. did very well indeed. One of our Staff Nurses has been taken on as Staff Nurse at the King Edward Memorial Hospital, Bombay. Three others are taking the position of Charge nurses in the wards of this Hospital.

Her Excellency The Lady Irwin visited the Hospital in October and Dr. A. C. Scott, C.M.O., W.M.S., inspected it in May. It was also visited by General Symons, Director General, Indian Medical Service, and Colonel Megaw, Inspector General, Punjab.

We are indebted to :—

- (a) The Countess of Reading for a generous gift of Rs. 2,100.
- (b) The Government of India for a non-recurring grant of Rs. 10,000 towards the extension of the Nurses' hostel and Rs. 5,000 towards the current expenditure of the hospital with a promise to reconsider a recurring grant next year.

**North-
West
Frontier
Province.**

Municipal Hospital, Dera Ismail Khan.—Dr. Barlow, Junior Branch, W. M. S., Offg. Medical Superintendent, reports :—The year under report has been on the whole a very successful one, and shows an increase in both in and out-door patients as also in the number of operations performed, and the number of maternity cases remains constant.

The present matron joined last January. The compounder resigned in September and we have not been able to secure another. Two nurses appeared for the Nurse Dai Examination in Midwifery and were successful. They are both now working on the staff. There are five provincial dais under training now as compared to nine last year.

**Baluchi-
stan.**

Lady Sandeman Dufferin Hospital, Quetta.—Dr. Brindley writes :—The work in the hospital during the year 1928 has been quite satisfactory, especially in the Out-patients Department, where much minor surgery is done.

The in-patient work is for the most part medical. The women of Baluchistan are still very conservative as regards surgery.

Large numbers of the nomadic tribes, who come to Quetta and its vicinity during the summer months, have been vaccinated at the hospital.

Staff.—Dr. Bennett still combines the post of Resident Medical Officer and Nursing Superintendent and is a splendid assistant with her untiring energy and keenness.

Improvements.—Thanks to Colonel Wilson, Chief Medical Officer in Baluchistan, various long required structural improvements have been carried out, among which is a kitchen for the Nurses' Mess, a lavatory for the general ward, hospital roads and paths remetalled and other things which make the work of the hospital easier.

The hospital was visited in May by the Hon'ble Major-General Symons, Director General, Indian Medical Service and Mrs. Symons.

The Government Victoria Caste and Gosha Hospital, Madras.—**Madras Presidency.** Dr. Lazarus writes :—The work in the Hospital continues its steady increase both in the number of in-patients and operations in spite of two of the wards being under repairs. Though the Hospital is built for 82 beds, the daily average of in-patients was 127·3 in September this year. Plans and estimates for the extension of the Hospital and new school are completed and await formal approval of Government before the work can be executed. A sum of rupees fourteen lakhs has been sanctioned.

In spite of many changes on the staff, the work has been satisfactory. The two Presidency prizes in Surgery and Medicine competed for by all the Schools were won, for the first time, by our students.

The first prize-giving in the annals of the school was held in February, at which Lady Goschen presided and gave away the prizes. H. H. the Mahranee Regent of Travancore most graciously gave an endowment of Rs. 1,000 for a prize to be awarded to the best student in the Final year.

Victoria Hospital.—Dr. Cama reports :—I took over charge of the Hos. Vizagapatam. from Dr. G. P. Patel, W.M.S., on September 14th. The new Gynæcological ward and operation theatre were brought into use the following week. Though the new theatre offers advantages over the old in the way of better lighting and space, it has two great disadvantages, namely, (i) very poor ventilation and (ii) scanty water supply, so that nearly always water has to be carried upstairs in buckets. The new wards are very airy and spacious but suffered during the rains as the roof leaked badly and patients suffered much in consequence, most of them being post-operation cases which could not be moved downstairs. The new out-patient block has been in use for the last 12 months and has relieved the congestion in the old building. Owing to changes in the staff, work in hospital shows a decrease all round except in maternity cases.

Three nurses appeared for their final examination during the year and all passed and have been taken on as junior staff nurses.

It is to be regretted that no provision was made for a laboratory for Pathological examinations in the new buildings. I have fitted up a small

laboratory on the verandah of the out-patient block and hope more advantage will be taken of it in future. Plans for a mortuary are also ready and we hope to have this necessary building completed early next year.

**Bombay
Presi-
dency.
Surat.**

Seth Morarbhaj Vijbhukhandas Hospital.—Dr. Kamalakar writes :— I have been in charge of the Hospital throughout the year. The staff has been the same, and the work has kept them all busy ; in fact they have been overworked. At least 4 more pupil nurses, 2 more ward coolies and 2 more sweepers are necessary to cope with the extra work. The number of in-patients has risen from 753 to 950 and the out-patients from 7,209 to 8,000 ; midwifery cases from 224 to 284 and operations from 98 to 253 up to date.

The Hospital contains 32 beds only, but many women are demanding admission and such as needed immediate help we had to admit in spite of want of beds and proper accommodation. Very often the number of in-patients per day has been as many as 45. By dint of constant efforts some money was raised by private subscriptions for bedding and clothing, and cupboards to keep these in. Dr. Ghia and two other patients presented 3 big almirahs for storing clothing for the Hospital, also a dramatical company gave a free charity performance in aid of the hospital, raising Rs. 1,672. Out of this money bedsteads and several other things necessary for the comfort of the patients have been purchased. The Hospital is getting very popular but the want of funds and adequate staff is a hindrance to our progress.

Shikarpur.

Dufferin Hospital.—Dr. Alfred, Junior Branch, W. M. S., Offg. Medical Superintendent, reports :—There has been a marked increase in the number of in-door as well as out-patients. Up to date 1,203 in-door patients were treated against 1,127 of last year and 8,144 out-door against 7,964 of last year. This increase shows that women of the town, as well as of villages, are learning to appreciate Hospital treatment.

Obstetric work.—In spite of there being a Maternity Home in the town which works independently of this Hospital, the number of confinements in the hospital was 503 against 461 of last year. Women in Shikarpur are frightened ; they prefer to die rather than be operated on, for example, an amputation of the thigh for gangrene was refused and the patient left hospital to die in a fortnight. Cases of ovarian cyst, uterine and abdominal tumours also refuse operation, so the number of major surgical operations is small.

The much needed new ward is ready and is to be opened in January 1929, giving sufficient number of comfortable rooms for in-door patients, who are at

present overcrowded in a number of small rooms. Often for want of accommodation patients have to be kept in verandahs.

Owing to illness of the Assistant Surgeon, Miss Ghose, M.P.L., has worked single-handed for 5 months this summer and much credit is due to her that the number of patients has not decreased.

Dufferin Hospital.—Dr. Greig writes :—There have been many changes in the Medical Officers this year—Dr. O’Sullivan going on leave in April, Dr. Walker took over from then till October, Dr. Bolton was here for two months till I took over early in December.

In spite of these many changes the work of the Hospital has increased in most departments—especially the midwifery. Great credit is due to the Nursing Superintendent, Miss Nye, and the sisters and nurses.

The probationer nurses have again done well in their examinations—seven passed the B. P. N. A. midwifery examination and one passed the first examination of B. P. G. E.

There has been no extension of the buildings this year as the finances of the Hospital are still in an unsatisfactory condition. There are various parts of the Hospital buildings that urgently need repair but which cannot be done through lack of funds.

Dufferin Hospital.—Dr. Stapleton reports :—During 1928 the work of the Hospital has progressed steadily and there has been a good increase in the number of in-door patients, labour cases, and operations.

Bengal
Presi-
dency.
Calcutta.

Nursing Staff.—In March owing to the resignation of the Matron, Miss Lewis, on her marriage, the hospital was fortunate enough to secure the services of Miss Hutchings, R.R.C., who after training and experience in England, had served for many years on the staff of the Sassoon Hospital, Poona, and so was fully acquainted with the problems of hospital work in India. Under her the work of the Nurses’ Training School has been considerably developed and the standards of nursing and cleanliness have greatly improved.

Owing to the support given by the Corporation, the number of Indian probationers in training has been increased to twenty-four, in addition to six who have come for midwifery training only. This does not include the Anglo-Indian pupil midwives who pay their own expenses. Two of the dais in training have been sent by the District Board of the 24-Parganas, and another by that of Jalpaiguri. It is hoped that other Boards will follow their example as the candidates are afterwards bound to settle in their own districts and should carry out good work there.

During the year five probationers completed their training and left. Of these one had passed the State Board Examination in General Nursing, and two in Midwifery in addition to their hospital examination. Three European midwives and one dai also qualified, and one compounder passed her final examination.

Medical work.—The beds have been well occupied all through the year, so much so that patients who have come from long distances have frequently to be refused for want of room. As it is the only large women's hospital, staffed by women in the whole of Bengal apart from small missionary ones, there is great scope for extension of the work.

Finance.—The whole work, however, is handicapped by the unsatisfactory financial condition, as year by year there is a serious deficit in the budget, and the income is not enough to provide even the ordinary necessities such as linen and whitewashing. The buildings also are in a bad state owing to large cracks developing in the walls from subsidences in the foundations, and in consequence leaking in the roofs. The time for the Quadrennial Repairs has arrived but the money in reserve for them is likely to fall far short of what is absolutely necessary.

Buildings.—Early in the year Lady Jackson paid a private visit and after the inspection, decided that the septic ward was very inconvenient both for nursing and for supervision of the patients, and so donated Rs. 5,000 from the Ezra Fund for remodelling half of it. The work was commenced at once, and by the middle of the year a good airy ward of seven beds was in use instead of the previous two beds one with its narrow verandahs. This is a great improvement much appreciated by both patients and staff.

Equipment.—Owing to generous donations obtained by the efforts of the Ladies' Committee from the Football Club and others, it was possible to put the equipment of linen in a better state by the end of the year.

United Provinces. Report by Dr. S. H. Commissariat, F.R.C.S.I., S.M.O., W.M.S., Superintendent, Medical Aid to Women, and Assistant to the Inspector General, Civil Hospitals, United Provinces :—

I visited 74 Dufferin and Women's Hospitals and Dispensaries during the year 1928. With effect from July 1st, 1928, 30 more posts in rural areas and small towns have been sanctioned by the U. P. Government for Women Sub-Assistant Surgeons and 50 posts for midwives to be attached to the male dispensaries there. The idea is to replace these midwives by women Sub-Assistant Surgeons and to extend further the work of medical relief to women by women in rural areas and small towns. The cost of the appointment of

these Sub-Assistant Surgeons and midwives at Rs. 74,400 p. a. has been sanctioned by the U. P. Government as grant-in-aid to the Dufferin Fund; Rs. 15,185 have also been sanctioned this year for additions and alterations to accommodate the staff.

In addition, the U. P. Government have sanctioned a grant of Rs. 36,000 p. a. at present towards the appointment of five First Class Medical Women (British qualified) at Rs. 350—25—500 p. m. and for the grant of allowance of Rs. 100 p. m. each to the Women Medical Graduates and Rs. 50 p. m. each to the Medical Women of the certificated class. There are now 27 posts for Women Assistant Surgeons in all. Women Sub-Assistant Surgeons have also been sanctioned in sub-charge at the places where First Class Medical Women are employed, *viz.*, Aligarh, Bareilly, Fyzabad, Gorakhpur and Meerut.

Thus there are in all seven posts for W. M. S. Officers of the All-India Service *plus* six for First Class Medical Women (including one on reserve of the Provincial Service), 30 for Women Assistant Surgeons (including three on reserve) and 77 for Women Sub-Assistant Surgeons (including seven on reserve). Women Medical Graduates now start on Rs. 150 p. m. *plus* Rs. 100 p. m., Medical Women of certificated class on Rs. 130 *plus* Rs. 50 p. m. and Women Sub-Assistant Surgeons on Rs. 75 p. m. The midwives are paid at Rs. 40 p. m.

The status and work of the Women's Hospitals and Dispensaries are gradually improving.

Dufferin and Lady Lyall Hospital, Agra.—Dr. Webb, Principal of Agra. the Women's Medical School, Agra, writes :—During 1928 I was on leave for two and a half months of the vacation during which time Dr. Morton acted for me.

Dr. Wischam of the Training Reserve of the Women's Medical Service left for further study in England. Her place was taken by Dr. G. Robinson, a Melbourne graduate. Dr. Ruth Milne was, to our great regret, compelled to go on sick leave, but we hope to have her back after a year; Dr. Bharucha is acting for her.

Examination results were fairly satisfactory, only one of the students up for the final failing to qualify during the year. Old students have been to see us, and cheered us by telling of difficult midwifery cases brought to a successful conclusion. One old student is now employed at the Pasteur Institute, Kasauli, amongst the women patients.

A great need has always been the provision of a separate ward where tubercular patients could have open air treatment; this has now been supplied by the generosity of old and new students, nurses, staff and patients; help

was also given by the Anglo-Indian Association. A suitable ward for six beds is now ready for occupation.

Lucknow. **Dufferin Hospital.**—Dr. Murphy writes :—There have been three changes of the senior Doctor and five changes of Assistant Doctor during the year.

The new Out-patient Department was completed during the year, except for the electrical installation, but was only taken into use at the close of the year. The building of this block cost Rs. 9,000 which has depleted the fund for the upkeep of the Hospital very considerably. The old department is to be converted into a ward and a septic labour room as soon as the necessary furniture is obtained. There are now five Anglo-Indian nurses under training taking the 3½ years' course, and six Indian midwives and dais, three of whom are taking the 2 years' course. Two of these are young married women who are training without scholarships. The result of the examination in nursing was satisfactory.

Cawnpore. **Dufferin Hospital.**—Dr. DeMenezes took over charge from Dr. A. R. H. Greig, W.M.S., on 1st of December 1928, and cannot speak personally of the year's work.

Finance.—The financial condition is not satisfactory. It never is when one's expenditure exceeds one's income.

Were it not for kind help from friends and well-wishers who secured a sum of nearly Rs. 3,000 in 1927 from a Carnival, and Rs. 2,000 in the year under report, from the wrestling contest, and Mrs. L. White who obtained fresh collections for the hospital, it would have been difficult to make ends meet.

This is a rich town and district and both local bodies should enhance their grants substantially.

Paying wards are in great demand and add greatly to the income of the hospital, and it is suggested that donations should be made compulsory from wealthy patients availing themselves of paying wards, etc.

Allahabad. **Dufferin Hospital.**—Dr. Keess writes :—The work of the hospital has gone on steadily during the year. There is an increase in both in-door and out-door patients as well as in the number of maternity cases and operations.

The assistant doctor has been changed once this year.

Out of five pupil midwives sent up for examination four passed. Five new ones have been taken on for training.

Electric installation has been fitted in the private wards during the year. We have also received some surgical instruments, and new beds, lockers and blankets for one ward.

The financial condition of the hospital is in a poor state. The Municipal Board has reduced the annual contribution from Rs. 5,000 to 4,000. Through the efforts of the Collector of Allahabad, a sum of Rs. 3,720 was secured as donations to the hospital during the year. It is very difficult to maintain the efficiency of the hospital on such a limited income.

A sum of Rs. 478 was collected by the Medical Officer in charge, as donations from some officials in the station.

An extract from the Inspection report of the Chief Medical Officer, W. M. S., Benares. dated 15th August 1928, is quoted with reference to the Ishwari Memorial Hospital, Benares :—It is disappointing to find that after the generous grant of Rs. 10,000 from the Central Dufferin Fund in 1926, to refloor wards and improve the Maternity Department, nothing further has been done by the Local Committee or the Provincial Dufferin Fund, to bring the rest of the hospital up to the required standard. There is still no electricity. The whole building needs thorough outside repair to save it going from bad to worse. The theatre is dilapidated. The windows should be made to open and the wire gauze arranged so that both sides of the panes can be cleaned. The light from the east should be blocked by shutters, not paper pasted on the window panes, and repainting is needed everywhere.

There is no covered way to operation room. Patients have to be carried across the compound in the burning sun or pouring rain. The Out-patient Department needs a dado and reflooring. A permanent Sub-Assistant Surgeon is necessary on the staff. All these matters have been pointed out before several times.

The hospital is deservedly popular and is doing really good work. Lack of funds is responsible for the difficulties in administration.

Lady Aitchison Hospital.—Dr. Hamilton Browne writes :—On taking **Punjab.** over the charge of the Lady Aitchison Hospital in March of this year, I was very **Lahore.** disagreeably impressed by its interior aspect. The wards are small, unhygienic in many respects, dark and overcrowded. Originally built for fifty beds, its capacity was suddenly extended to contain one hundred beds, without any structural alteration, merely the inclusion of the nurses' old dining room and pantry which were converted into a medical and children's wards, respectively.

This occupation of all available space by sick patients has bereft the hospital of the usual conveniences such as, rooms for washing utensils, bedpans, dressing

trays, etc., and has necessitated the erection, here and there, of unsightly wooden buildings made from packing cases, to serve the purpose of godowns for splints and other apparatus, stores, etc., and the accommodation for servants is almost non-existent.

For this reason the working of the Hospital is extremely difficult. The whole nursing staff with the exception of the Nursing Superintendent and one Sister, lives outside the Hospital compound in a house in the bazar with no proper sanitary arrangements.

The only parts of the Hospital that would pass a critical inspection are the operation theatre and the private and family wards. These are adequate and of good type.

In spite of all these disabilities the medical, obstetric and surgical work of the institution are of a high order, and the results obtained, more than satisfactory.

The Hospital equipment, especially the greater number of the beds, is very bad. That such a condition should have existed for so long in a town like Lahore, and drawing so many patients from the surrounding districts, is deplorable. However, there is every prospect that, in the near future, a new Hospital built on entirely up-to-date lines and equipped with new furniture and apparatus for 150 patients, will come into being.

Notwithstanding its present condition, the work during this year has largely increased over previous years. Even the present 100 beds are inadequate to meet the demands made on them. The largest ward (containing 30 beds) now always contains from 40 to 46 beds. The number of in-patients treated this year up to date has increased over 200. The number of abdominal sections performed this year up to date are 143 against 92 in the whole of 1927 and 133 in 1926. These figures alone indicate the growing popularity of the Hospital and the greater demand on the part of women in the Punjab for hospital treatment, and are a striking indication of their preference for treatment by medical women.

The Hospital was inspected in February by Dr. Scott, C.M.O., W.M.S., and in March by Colonel Megaw, then Inspector General of Civil Hospitals, Punjab, and early this month by Lady Simon.

We have to thank the Red Cross Society for a very generous donation of bedding, clothing, etc., to the Hospital, also the local Entertainment Committee to the visitors to the Far Eastern Association of Tropical Medicine Congress for a gift of Rs. 195 for comforts for the patients.

During the year 7 Nurses sat for their examinations and all passed well, one dai took the examination and passed first of all the candidates, one Compounder pupil sat for the Compounders' examination, but failed to qualify.

In conclusion I would like to thank the R. M. O., House Surgeon and the Nursing Superintendent for their loyal co-operation under difficult circumstances.

Women's Department, Civil Hospital Rawalpindi.—During the year Rawalpindi, 1928, attendance in all departments has been satisfactory, maternity cases, operations and in-door patients have increased; the increase in major operations has made the work very interesting.

The need for an extra nurse dai, ward servant and sweeper is very acute. At night, even a trained indigenous dai would be a luxury.

The usual voluntary help in first aid, child welfare and visits to poor patients has been given by the staff.

Dufferin Fund (Daga Memorial) Hospital.—Dr. Mucadam writes:—**Central Provinces and Berar Nagpur.**
“Under the auspices of Sir Montague Butler and Lady Butler the opening ceremony of the New Hospital took place on the 6th January 1928. The donor very kindly gave a very big ‘At Home’.”

On the 1st of February we shifted from the Dufferin Hospital to Daga Memorial Hospital, where we brought very few seriously ill patients in an ambulance car with us. Fitting up of the new hospital took about a month. At the same time we tried to keep up the continuity of the work which was a very hard task. When we shifted into the new hospital, plague was raging in the city and we had several cases in the close vicinity of the hospital. It was not a favourable psychological moment to shift into a new place. However there was no other alternative as we had to vacate the old buildings to hand them over to the Mayo Hospital.

In May I was again obliged to cut down my work a great deal on account of an epidemic of influenza in which all my menial staff, nursing staff and Assistant Surgeon suffered. In the hot weather we were greatly handicapped on account of shortage of water for weeks, we barely got water for half an hour in 24 hours' time.

Though it is nearly 11 months since we have shifted into this hospital, the following buildings are still to be completed:—

- (1) Compounders' quarters.
- (2) Staff nurses.
- (3) Operation room.
- (4) Isolation ward.
- (5) Menials' quarters.

We have been greatly inconvenienced for want of proper accommodation for staff quarters. The compounder and sub-assistant surgeon have occupied

throughout the year, two of the family wards, resulting in a loss of Rs. 4 per day to the hospital. At times the demand for the purdah wards was so great that even had there then been 20 family wards they would have all been occupied. With such a demand only 4 were available. It has brought great dissatisfaction amongst the public. A good many out-patients were disappointed at having no treatment, as no family wards were available.

Unfortunately this hospital has been situated in an undesirable and unhygienic locality. Behind the east wall there is a small tank where the water throughout the year is stagnant and the bank of which is used as a public latrine by the surrounding slum. There are rows of public municipal latrines, a cesspool, a slaughter house and kilns to burn bricks, from these surroundings there is a bad smell day and night. There is a great and continuous nuisance of music as there are two theatres opposite the hospital and there are several band shops in the vicinity, who keep on practising music throughout the day and till a late hour at night. The sleep of patients and staff is disturbed.

The difficulty of water is now solved. The unhygienic surroundings have been improved since we came here, but further improvements are necessary such as :—

- (1) The connection of all surface drains to underground sewers,
- (2) The conversion of the municipal public latrine into an automatic flushing latrine, and
- (3) The acquisition of a belt of land all round the hospital.

The equipment of the hospital is very good, we have almost everything we need. We have purchased an up-to-date big high pressure steriliser, labour bed and new operation table from a gift of Rs. 750 given by His Excellency in memory of the opening ceremony of this institution.

The following figures till the end of November 1927 and 1928 show 50% increase of work :—

Year.	Out-patients.	In-patients.
1927	6,827	966
1928	10,707	1,412

This year Government has granted us two scholarships for the training of compounders and we have been asked to take in more compounders for training, but we have not sufficient accommodation in the hostel for them. Similarly an advanced scheme for training nurses is offered us by the Inspector General of Civil Hospitals, C. P., and we are very keen to adopt it, though the same difficulty of accommodation for a greater number on the staff exists.

This year we have four extra probationers, one pupil nurse has a scholarship from the Maternity and Child Welfare Society, C. P. Branch, and another, a Hindu girl, is paid by the Dhradha Nand Anathalaya, Nagpur, as they wish to train a girl in our hospital for their social work.

The staff throughout the year was very hard worked. I am thankful to say that every one has readily and energetically helped me to the best of her ability to re-establish dislocated work in this new hospital. In some respects, it was like establishing a new hospital."

Lady Elgin Hospital.—Dr. Acheson writes :—The number of in-patients Jubbulpore and out-patients has increased this year, also the number of maternity cases, though the surgical work has been slack.

The demand for private wards exceeds the supply, and patients have to go away because we cannot accommodate them. There is a strong reluctance to come into the general wards which have only been full for a part of the time.

An antenatal clinic has just been started. It is too early to report its progress but the outlook is promising. Plans for the erection of a new hospital are complete—delay in building is due to lack of funds.

Women's Hospital—Dr. Maclean writes :—During its second year of Chhindwara working the hospital has made good progress. The number of both out-patients and in-patients has greatly increased as has also the number of maternity cases. In regard to the latter we have however accommodation for 4 or 5 times the number actually dealt with.

During the year I visited three of the larger villages in the district and spent several days in each. I saw many patients. There was a marked increase of patients coming from the places visited. More touring work would have been done had it not been that I was without an assistant for nearly six months.

Dr. Thomas who was House Surgeon here gave up her post in May. Great difficulty was experienced in finding another assistant doctor and we were without one till October when Dr. Buck was appointed. Unfortunately she had to leave at the end of two months and we are again without a House Surgeon.

A Matron, Mrs. Alex, who was trained in the Government Maternity Hospital, Madras, was appointed in February. She has been of great service in maintaining the efficiency of the hospital and in training the nurses. The rest of the staff are as last year.

During the year, quarters were built for the Matron, the courtyards of the nurses' quarters and family wards were paved, drainage work round the wards and other quarters was completed, and the work of sinking the well was continued. It is hoped that the well will be ready for use by next rains.

The financial condition of the hospital is satisfactory.

Mr. Stent, Deputy Commissioner of the district, left Chhindwara in October. He was our first President. Both he and Mrs. Stent did a great deal of work for the Hospital and their departure has been a great loss to it, and is much regretted by all.

Berar.
Akola.

Lady Hardinge Hospital.—Dr. Bose writes :—In March I relieved Dr. Hamilton Browne (transferred to Lahore) of her duties of Superintendent, Lady Hardinge Hospital, and Inspecting Medical Officer, Dufferin Hospitals, Berar. There has been no change in the personnel of the hospital staff except that one additional nurse has been sanctioned temporarily for a year to cope with the increased work in the Hospital, and 4 new pupil nurses have been engaged to replace the pupils who have passed out. The attendance increased in every department. The new Maternity ward opened last year is much appreciated and kept well filled. The number of normal and abnormal labour cases has increased and the operative work has been much in excess of previous years.

Five pupil nurses appeared for Nursing and one for midwifery last April ; 2 passed in Nursing. In October 5 appeared for midwifery and 2 for Nursing ; 2 passed in Nursing and one in Midwifery. Of the 2 Nurses who qualified this year in Midwifery and Nursing, one is taking up a Health Visitor's course in Nagpur and the other has been appointed as staff nurse in this hospital. One pupil compounder who was unsuccessful last year has again failed. 50% is rather a high standard to obtain for the class of girls who come for training.

Amraoti.

Dufferin Hospital.—Dr. D'Abreu reports :—A suitable Assistant was not obtainable owing to 12 new posts for Assistant Surgeons having been opened by the C. P. Government this year, and I have worked alone without a House Surgeon since November 1927. Miss Chaudri, recently qualified from the Lady Hardinge Hospital, Delhi, joined the staff as House Surgeon in November and is a great relief and help to me.

The Normal school buildings were vacated in April and have been re-roofed and adjusted for an out-patient department into which we moved a week ago. The whole Hospital is being fitted with electric installation for lights and fans.

An up-to-date labour room and lying-in ward is an absolute need as the maternity work of the Hospital has greatly increased. There have been 279 maternity cases compared with 202 last year. The number of out-door, in-door and maternity cases is the highest on record. Surgical work is also increasing. All beds were occupied throughout the year, the patients overflowing on to the verandahs on both sides of the main in-door block. Paying wards also were always in demand and if there had been more would have been kept full.

Nursing Staff.—Two nurses passed the C. P. Board examination in midwifery and elementary nursing, one of whom has also taken the Health Visitor's training at the Health School at Nagpur, and is now employed at the new Hospital for Women opened this year at Khandwa ; the other nurse has been employed at the Lady Hardinge Hospital, Akola.

The Red Cross were unable to give as generous a donation as in previous years and we are short of linen, etc.

Sai Bai Mote Women's Hospital.—Dr. Lobo writes :—The work in the Shegaon Hospital has been going on as usual very steadily.

The number of patients in all the departments was higher than in the preceding years. The operation and midwifery work is good. The beds in the in-door department have not been sufficient and consequently many cases had to be refused admission for want of accommodation.

There have been good improvements in the hospital buildings including three more quarters for nurses, due mostly to Government grants.

The Indian Red Cross Society sub-committee of Buldana send the indigenous dais of the district from time to time in batches of two for a fortnight's training in Elementary Midwifery to this hospital. The dais of Shegaon have all been trained with the result that labour cases receive medical aid before it is too late. The Baby Show was held in the early part of the year with a Health Exhibition and Magic Lantern Show for three days in the Hospital premises. The whole procedure was very well appreciated by all the classes and the masses.

The Dufferin Hospital.—The Manager of the Bettiah Estate under the **Bihar** Court of Wards in forwarding the report of the Dufferin Hospital, writes :—**and** The increase in the number of in and out-patients and of maternity cases in **Orissa.** the Dufferin Hospital is largely due to the untiring efforts of Dr. Hollway whose popularity seems continually to increase. I would like to take this opportunity of expressing my appreciation of the admirably efficient manner in which she looks after the Estate hospital. **Bettiah.**

Dr. Hollway writes :—There has been a general increase in the number of in and out-patients. The maternity cases have doubled during the last two years. 170 cases this year against 87 in 1926.

The purdah wards have been in great demand throughout the year and there will not be the slightest difficulty in filling the eight new purdah wards erected this year.

Staff.—There have been a few changes in the staff. Staff Nurse Mukta resigned after eight years' service on account of marriage—her place has been

filled by Nurse Behan trained at Patna. Two new Bettiah women have been taken on for training purposes. One is being trained in general nursing and midwifery, the other as an assistant to the compounder.

Buildings.—Mr. Prior, the Manager of the Bettiah Raj, has had the following buildings erected this year. All the buildings are excellent and most suitable for the purpose required.

1. *A block of 8 purdah wards.*—Each purdah ward consists of a large well ventilated room with a small purdah screened verandah in front, a kitchen, a fair sized courtyard and latrine in the rear. The floors are of patent stone, the room tiled to 4 ft. above the floor so that there will be no difficulty in keeping the quarters clean. Electric light, a fan, up-to-date drainage and water supply is to be put on.

2. *Isolation block.*—The building consists of 3 wards each capable of accommodating two patients, a large verandah, a small nurse's room, a bath-room and latrine. The building is excellently ventilated, the rooms tiled and all corners well rounded off. It is well isolated from other buildings.

3. *Nurses' quarters.*—These are in a separate compound adjacent to the Matron's and Sub-Assistant Surgeon's block. These quarters can accommodate seven nurses. With the present staff each will have a separate sitting room, bed-room, bath-room, kitchen and godown, far better accommodation than they would get in other hospitals.

His Excellency the Governor and Lady Stephenson visited the hospital in February and expressed themselves very pleased with the new buildings which were then in course of construction.

Gaya.

Lady Elgin Zenana Hospital.—Dr. Alphonso writes :—The hospital has made steady progress during the year, and the number of both in-door and out-door patients has increased. The large number of major operations makes the strain on the small staff very heavy.

The Hospital Committee have sanctioned the building of another Hindu ward which, when completed, will accommodate eleven patients. So far no extra staff has been sanctioned. Another House Surgeon and two extra staff nurses are urgently required.

The working of the hospital is handicapped by the tiresome rules about admission of patients laid down some 20 years ago and not yet revised.

Her Excellency Lady Stephenson visited the hospital and was pleased to find that the women of Gaya made use of their opportunities.

The financial position of the hospital is on the whole satisfactory.

UNITED KINGDOM BRANCH OF COUNTESS OF DUFFERIN'S FUND

Report for the year 1928.

The Annual Meeting of the United Kingdom Branch of the Dufferin Association was held at the India Office on Thursday, February 2nd, 1928, under the Presidency of the Dowager Marchioness of DUFFERIN and AVA, D.B.E., C.I., V. & A.

The Executive Committee for 1928 was appointed as follows :—

The Dowager Countess of MINTO, C.I.

Major-General Sir HAVELOCK CHARLES, Bart., G.C.V.O., M.D., F.R.C.S.I.

Major-General H. HENDLEY, C.S.I.

The Hon'ble Lady LAWLEY, G.B.E.

The Hon'ble Mrs. EDWIN MONTAGU (*Hony. Treasurer*).

Miss KATE PLATT, M.D., B.S.

Dame MARY SCHARLIEB, D.B.E., J.P., M.D., M.S., D.C.L.

Major-General J. BLACKBURNE SMITH, C.B., C.I.E.

Miss JANE TURNBULL, C.B.E., M.D., B.S.

The Countess BIRKENHEAD.

Miss L. M. BROOKS.

The Executive Committee has met only once during 1928, as the business to be referred to them from India becomes less year by year.

No appointments for General Service in the Women's Medical Service have been filled from the United Kingdom since 1925.

The appointment of Professor of Physiology at the Lady Hardinge College again fell vacant and after wide advertisement was filled by the appointment of Miss Ella Surie, M.Sc., who relinquished the post of Research Assistant and Demonstrator in Physiology in the Department of Physiology, University of Leeds, which she had held for four years. As Miss Surie is not a qualified medical woman her appointment was actually outside the scope of the Committee, but the arrangements were made by General Blackburne Smith, Dr. Platt and the Hony. Secretary in consultation during August and September. Miss Surie accepted the appointment on condition that facilities for research in her subject are arranged by the Authorities of the College. This is a development of the

post that must be warmly welcomed in connection with teaching, and the Committee hope that Miss Surie's work will add a new value to the Department.

The administration has included keeping in close touch with the Dufferin Scholars at work in the United Kingdom and members of the Service home on study leave. Dr. G. Mohammad Ali, L.R.C.P., M.R.C.S., M.B., B.S., D.O.M.S., returned to India on the successful completion of her course.

The Gilchrist Educational Trustees continued their annual grant of £150 to the Central Council for the medical education of women in India. Financial assistance was also most kindly given by Lady D'Arcy Osborn and Miss Maconchy.

Mr. W. Sturdy of the India Audit Office has again kindly audited the accounts for the year.

The sudden death of General Blackburne Smith, C.B., C.I.E., M.B., B.Ch., Chairman of the Medical Board of the India Office, has deprived the Committee of a most valued friend and colleague. His constant interest in all the students from India and his unfailing wisdom and courtesy in dealing with the various problems arising, were a source of great strength to the Committee during the five years that he served upon it.

The United Kingdom Branch wish to express to Miss Louie M. Brooks their very hearty thanks for the valuable and voluntary work which she does on their behalf as Honorary Secretary. It is she who bears the chief burden and responsibility of the work of the Fund in this country, and it is not at all a light task that Miss Brooks undertakes.

(Sd.) H. DUFFERIN & AVA,
President.

January 31st, 1929.

UNITED KINGDOM BRANCH OF THE DUFFERIN ASSOCIATION.

Cash Statement—January 1st to December 31st, 1928.

INCOME.							EXPENDITURE.						
	£	s.	d.	£	s.	d.		£	s.	d.	£	s.	d.
To Cash on Deposit. . .	200	0	0				By Clerical Assistance . .	50	0	0			
„ Cash in Hand at Bank . .	121	12	1				Printing and Stationery . .	2	5	6			
„ Petty Cash in Hand . .	2	18	1				Postage . .	1	2	10½			
				324	10	2	Banking Charges . .	3	16	10			
To Donations and Subscriptions							Advertising Appointments	3	17	6			
Gilchrist Educational Trust	150	0	0				Cables . .	1	1	0			
Miss Maconchy . .	0	10	6				Medical Inspection of Can-	3	3	0			
Lady D'Arcy Osborn . .	2	0	0				didate.						
				152	10	6	Sundries . .	0	9	4			
To Dividends and Interest.											65	16	0½
TULLOCH BEQUEST.							By Grants and Scholarships.						
£100 Funding Loan . .	4	0	0				Miss Bali . .	150	0	0			
£1,392-18-2 India 4½% . .	50	1	6				Miss Wiseham . .	50	0	0			
				54	1	6					200	0	0
To Refund of Income Tax . .				12	10	5	By Passages and Travelling . .				201	19	6
U. K. BRANCH INVESTMENTS							By Remittances to Central						
£1,874-0-3 Manchester 3% . .	44	19	6				Council.						
£308 Southern Railway 5% . .							Gilchrist Grant . .	150	0	0			
Pref. . .	12	6	4				Income from Investments	54	1	6			
£100 War Stock . .	5	0	0				Refund of Income Tax						
				62	5	10	(1927) . .	18	15	6			
To Refund of Income Tax . .				14	6	4					222	17	0
„ Interest on Deposit Account				3	15	7	By Cash on Deposit . .	100	0	0			
„ Remittances from Central							Cash at Bank . .	52	8	5			
Council Scholarships and							Petty Cash in Hand . .	2	17	4½			
Passage Money . .				221	18	0					155	5	9½
				845	18	4					845	18	4

The Cash Book, Bank Book, Vouchers and other Documents relating to the above statement have been examined and I certify it to be correct. I have been furnished with a certificate that the securities belonging to the Association were duly held on 31st December 1928 by Messrs. Coutts & Co., the Custodian Trustees for the United Kingdom Branch of the Dufferin Association.

W. A. STURDY.

India Audit Office, Whitehall, London, S. W. 1.
21st January 1929.

COUNTESS OF DUFFERIN'S FUND.

The Annual Account and the Statement of Investments of the Fund will be found in Annexures II and III to this Chapter.

2. An important feature of this year's accounts is due to the decision of the Executive Committee that the budget of the Central Office should be drawn up as though there were for that office a separate fund distinct from the Countess of Dufferin's Fund. As a result of this decision, the Annual Accounts of the Countess of Dufferin's Fund and the Central Office have been prepared separately. It will thus be seen from the Annual Account that the Dufferin Fund has not been debited as heretofore with the total Central Office expenditure and credited with contributions from other Funds on account of share of cost of Central Office expenditure. It has paid its own share towards Central Office expenses. Nor has it to pay the Provident Fund contribution and interest in respect of the members of the Central Office.

3. The interest on investments has amounted to about Rs. 41,000. A donation of Rs. 400 has been received from Their Excellencies. The usual grant of £150 from the Gilchrist Educational Trust has also been received during the year. Rs. 32,000 has been repaid by the Bhukailash Court of Wards towards the balance of the debt to that Estate. A sum of about Rs. 15,500 has been received during the year as a result of an appeal for funds made by Her Excellency Lady Irwin to pay the salary, etc., of a Research Worker for two years to carry on Dr. Balfour's research work in the investigation of maternal diseases in pregnancy and childbirth among Indian women. The remaining receipts of about Rs. 1,600 include a sum of over Rs. 1,300 received on account of the rent of Melbourn Villa.

4. On the expenditure side, the share of the Central Office expenses amounted to Rs. 6,250 ; scholarships, prizes and medals to a little over Rs. 5,900. The details of the scholarships awarded from Trust Funds are given in the statement appended to this account wherefrom it will be seen that the Fawcett and the Petit scholarships paid during the year have amounted to over Rs. 700 and Rs. 300, respectively, the Muir scholarships to Rs. 600 and the Gilchrist scholarships to Rs. 2,160.

The Queen Empress Medal has not been awarded this year.

5. The expenditure in Governors' Provinces has amounted to over Rs. 19,900 and in areas other than Governors' Provinces to over Rs. 2,900.

6. A sum of Rs. 45,000 was paid during the year for the purchase of Melbourn Villa, a house which has been obtained as a permanent residence

for the Secretary and her Personal Assistant in Simla. The expenses in connection with this house amounting to a little over Rs. 1,950 include over Rs. 1,300 paid for stamp duty, Rs. 200 for repairs, about Rs. 200 for insurance and over Rs. 200 for taxes.

The miscellaneous receipts amounted to a little over Rs. 1,100 and included a sum of about Rs. 1,000 paid to Dr. Milne as an allowance in lieu of private practice.

7. The important features of the Closing Balance are :—

(a) An increase of over Rs. 12,000 in investments, and

(b) An increase in the Cash Balance from over Rs. 15,500 to over Rs. 31,000 due to the receipt of Rs. 20,000 from the Bhukailash Court of Wards towards the close of the year. This has since been invested.

M. F. GAUNTLETT,

Honorary Treasurer.

Central Office.—This is the first time that the transactions relating to the combined Central Office for the various Funds have been shown apart from the main account of the Countess of Dufferin's Fund in the Annual Report of the National Association. This is due to the decision of the Executive Committee that the Central Office should be regarded as a separate entity distinct from the Countess of Dufferin's Fund and that the Dufferin Fund should no longer be debited with the total Central Office expenditure and credited with contributions from other funds towards the cost of Central Office expenditure. Further, that it should not be liable in future for the payment of provident fund and interest in respect of members of the Central Office. As a result of this decision, it will be seen that on the receipt side of the Annual Account are shown the contributions that have been received from the various Funds amounting in all to Rs. 50,000. A sum of Rs. 400 has also been received during the year on account of refund of rates, rents and telephone charges.

2. On the expenditure side, the pay and leave allowances of the officers and staff have amounted to a little over Rs. 42,800. The Secretary's travelling expenses amounted to about Rs. 1,600 while a little over Rs. 1,100 was spent on account of office move to and from Simla. The expenditure on house allowance of the Secretary and her Personal Assistant amounted to about Rs. 2,100 while Delhi Allowances were under Rs. 600. The Provident Fund contributions and interest amounted to over Rs. 800. The Miscellaneous expenditure including rent of office building in Delhi, telephones, repairs, audit fee, insurance, etc., amounted to over Rs. 3,300.

3. Thus, while the total receipts during the year amounted to Rs. 50,400, the total expenditure amounted to Rs. 52,200 resulting in the reduction of cash balance from over Rs. 6,900 to over Rs. 5,100.

4. The actual expenditure during the year was about Rs. 3,700 less than the budget, the savings occurring mainly under Personal Assistant (Rs. 2,300) and Contingencies (Rs. 1,600).

M. F. GAUNTLETT,
Honorary Treasurer.

URE I.

Fund, Central Office Account, 1928.

Items.	Expenditure, 1928.			Budget, 1928.
	Rs.	A.	P.	Rs.
1. Pay—				
Secretary	16,800	0	0	16,800
Personal Assistant	4,982	3	0	7,300
Assistant Secretary	4,800	0	0	4,800
Accountant	4,328	10	0	4,330
Office Staff	6,457	10	0	6,495
Menial Staff	941	8	9	985
2. Leave Pay	4,509	12	0	4,725
3. Delhi Allowances	586	11	0	700
4. Travelling Allowance—				
Secretary	1,567	8	0	2,000
Office	1,105	7	0	1,200
5. House Allowance—				
Secretary	1,775	0	0	750
Personal Assistant	312	14	0	345
6. Provident Fund—				
Contribution to the Fund	686	5	0	535
Interest on Fund Balances	150	2	0	150
7. Contingencies—				
House Rent	358	8	0	215
Rates and Taxes	131	4	0	160
Telephone	651	4	0	650
Office Repairs	76	15	0	300
Stationery	4	7	0	150
Printing	21	0	0	150
Audit Fee	400	0	0	550
Insurance	100	0	0	100
Postage	490	12	0	900
Cost of distribution of Annual Reports . . . . .	..			200
Miscellaneous	966	3	0	1,410
	52,203	15	9	55,900
Closing Balance	5,122	1	5	1,200
TOTAL	57,326	1	2	57,100

M. F. GAUNTLETT,
Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & CO.,
Chartered Accountants,
Auditors.

CAWNPORE;
11th February 1929.

ANNEX

Annual Account of the Countess

Income.

Items.	Amount.			Total.		
	Rs.	A.	P.	Rs.	A.	P.
1. Balance on 1st January 1928—						
Investments	6,03,242	3	11			
Loan	69,000	0	0*			
Sterling Investments	19,879	0	0			
Fixed Deposit	38,000	0	0			
Cash	15,522	13	9†			
	7,45,644	1	8			
Less—						
Trust Funds	36,820	3	4	7,08,823	14	4
2. Interest realised—						
Gross Receipts	40,964	4	0			
Less Transferred to Trust Funds	1,339	0	0	39,625	4	0
3. Contribution from Their Excellencies . . . . .	.....			400	0	0
4. Miscellaneous—						
(a) Refund of income-tax on Tulloch Bequest Investments for the last two years.	248	9	8			
(b) Rent of Melbourn Villa	1,346	9	0	1,595	2	8
TOTAL . . . . .	.....			7,50,444	5	0

* In the Closing Balance for 1927, a sum of Rs. 2,765 to the Bhukailash Court of Wards Estate was taken towards the repayment of the loan ; it now appears that this amount was due as interest, hence the difference.

† The Cash balance on 31st December 1927 was shown as Rs. 22,447-3-11 inclusive of a cash balance of Rs. 6,924-6-2 relating to Central Office which has been taken to the Central Office Annual Account separately prepared.

URE II,
of Dufferin's Fund, 1928.

Expenditure.

Items.							Amount.			Total.		
							Rs.	A.	P.	Rs.	A.	P.
1. Contribution towards Central Office expenses . . . . .							....			6,250 0 0		
2. Scholarships, Prizes and Medals—												
(a) Council Scholarships							5,790 0 0					
(b) Lady Dufferin Prize							40 0 0					
(c) Viceroy's Medals							82 0 0			5,912 0 0		
3. Expenditure in other than Governors' Provinces—												
(a) North-West Frontier Province							1,200 0 0					
(b) Baluchistan							1,704 0 0			2,904 0 0		
4. Grants-in-aid in Governors' Provinces—												
(a) Bengal							1,920 0 0					
(b) United Provinces							4,000 0 0					
(c) Central Provinces							1,500 0 0					
(d) Punjab							2,000 0 0					
(e) Cerar							1,500 0 0					
(f) Assam							4,000 0 0					
(g) Madras							5,000 0 0			19,920 0 0		
5. Expenditure of Melbourn Villa—												
(a) Insurance							170 0 0					
(b) Stamp duty							1,316 8 0					
(c) Repairs							200 0 6					
(d) House tax							192 8 0					
(e) Ground tax							35 8 0					
(f) Chowkidar							43 3 0					
(g) 1% depreciation on building							370 0 0					
(h) 10% depreciation on furniture							300 0 0			2,627 11 6		
6. Miscellaneous—												
(a) Allowance to Dr. Murphy							962 15 0					
(b) Expenses in connection with an enquiry on Osteomalacia							100 0 0					
(c) Other items							42 2 0			1,105 1 0		
7. Closing Balance—												
Investments							6,15,462 3 11					
Fixed Deposit							15,000 0 0					
Loans							37,000 0 0					
Sterling Investments							19,879 0 0					
Purchase price of Melbourn Villa							45,000 0 0					
Cash							31,168 9 6					
							7,63,509 13 5					
Less—												
Trust Funds							Rs.	A.	P.			
							36,352	10	11			
Research Fund money eventually to be utilised on Research.							15,431	10	0	51,784 4 11		
										7,11,725 8 6		
TOTAL . . . . .							..			7,50,444 5 0		

M. F. GAUNTLETT,
Honorary Treasurer.

Examined and found correct.
PRICE, WATERHOUSE, PEAT & CO.,
Chartered Accountants,
Auditors.

CAWNPORE ;
11th February 1929.

ANNEXURE III.

Statement of Investments of the Countess of Dufferin's Fund
on 31st December 1928.

Assets.	Face Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 3½% Government of India Loan (1865) Rs. 25,000			
2. 3½% Government of India Loan (1900-01) Rs. 30,000	55,000 0 0	53,194 10 8	39,875 0 0
3. 6% Government of India Bonds, 1930 . . .	3,00,000 0 0	3,00,000 0 0	3,03,562 8 0
4. 6½% Government of Bombay Trust Funds Rs. 20,600			
5. 6½% Government of Bombay Loan Rs. 50,000	70,600 0 0	70,719 0 4	76,601 0 0
6. 6% Government of India Loan, 1931 . . .	60,000 0 0	60,000 0 0	61,350 0 0
7. 5% Government of India Loan, 1945-55 . . .	50,000 0 0	48,000 0 0	51,937 8 0
8. 5% Government of India Loan, 1945-55 . . .	36,700 0 0	39,928 1 0	38,122 2 0
9. 5% Government of India Loan, 1945-55 . . .	13,500 0 0	14,900 7 11	14,023 2 0
10. 4½% Loan, 1955-60	13,000 0 0	12,220 0 0	12,228 2 0
11. Imperial Bank of India (Madras Bank) Shares—			
22 fully paid up shares of Rs. 500 each Rs. 11,000			
44 shares paid Rs. 125 each Rs. 5,500	16,500 0 0	16,500 0 0	48,510 0 0
	6,15,300 0 0	6,15,462 3 11	6,46,209 6 0
12. Loan to Bhukailash Court of Wards . . .	37,000 0 0	37,000 0 0	....
13. Sterling Investments (Tulloeh Bequest)—			
India 4½% Stock, 1950-55 £ s. d. 1,390 18 2			
Funding Loan 4% 100 0 0			
	1,490 18 2		
At 1s. 6d.	19,879 0 0	19,879 0 0	....
14. Purchase price of the Melbourn Villa . . .	45,000 0 0	45,000 0 0	....
15. Amount placed in Fixed Deposit	15,000 0 0	15,000 0 0	....
TOTAL	7,32,179 0 0	7,32,341 3 11	....

M. F. GAUNTLETT,
Honorary Treasurer.

Statement of the Balances of Trust Funds.

Trusts.	Opening Balance.	Interest Received.	Total.	Expenditure.	Balance.
	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. Henry Fawcett .	12,068 11 11	365 0 0	12,433 11 11	720 0 0	11,713 11 11
2. Sir Dinshaw Maneckji Petit.	8,231 6 8	365 0 0	8,596 6 8	330 0 0	8,266 6 8
3. Sir John Muir .	13,631 12 3	609 0 0	14,240 12 3	600 0 0	13,640 12 3
4. Gilchrist Trust .	2,888 4 6	2,003 7 7*	4,891 12 1	2,160 0 0	2,731 12 1
TOTAL .	36,820 3 4	3,342 7 7	40,162 10 11	3,810 0 0	36,352 10 11

*This is grant from the Gilchrist Educational Trust and not interest.

M. F. GAUNTLETT,
Honorary Treasurer.

WOMEN'S MEDICAL SERVICE.

The Annual Account and the Statement of Investments of the Women's Medical Service will be found in Annexures IV and V to this Chapter.

2. It will be seen that the usual grant of Rs. 3,70,000 was received from the Government of India towards the cost of the Women's Medical Service for India. In addition, a contribution of Rs. 4,900 was received from the Government of Bihar and Orissa as a result of the appeals made to various Provincial Governments for financial assistance. The interest derived from investments amounted to about Rs. 23,400. A sum of over Rs. 3,100 was received from the Governments of Bengal, Madras and the United Provinces towards Provident Fund charges of members lent to those Governments. The miscellaneous receipts which amounted to over Rs. 9,000 included a sum of over Rs. 5,700 received from the Provident Fund on account of Council Contribution and interest not paid under rules to certain members of the Service who resigned earlier than the prescribed period of five years and Rs. 3,300 by refunds of passage money from officers not fulfilling the conditions of their Passage Bonds.

3. On the expenditure side, the share of the Central Office expenses paid from these accounts amounted to Rs. 25,000. The expenditure on the pay and allowances of the Senior Branch of the Women's Medical Service amounted to over Rs. 2,87,600 while the expenditure on the Training Reserve amounted to a little over Rs. 14,000. A sum of about Rs. 6,100 was spent on the Junior Women's Medical Service. Over Rs. 48,300 was paid to the Provident Fund on account of Association's Contribution in respect of members of the Senior and Junior Women's Medical Service. The cost of Passages amounted to about Rs. 7,700. The miscellaneous expenditure was over Rs. 200.

4. The important features of the Closing Balance are :—

- (i) An increase of nearly Rs. 1,63,000 in the Assets during the year, and
- (ii) A reduction in the Cash Balance from Rs. 1,77,000 to Rs. 38,000.

5. As compared with the budget, there were unanticipated receipts of nearly Rs. 5,000 from the Government of Bihar and Orissa, Rs. 6,000 from the Provident Fund on account of Association's Contribution and interest not paid to those members who resigned the Service before the expiry of the prescribed period of 5 years and Rs. 3,000 by refund of passage money from officers not fulfilling the conditions of the Passage Bonds, while on the expenditure side, there was a saving of about Rs. 10,000 under Pay and Allowances of the Women's Medical Service proper owing to the diminished cadre. Under the Training Reserve, there was a saving of over Rs. 2,700 while Rs. 2,400 was saved under the

cost of passages. As against these savings, there was an additional non-recurring payment, viz., a sum of Rs. 9,800 paid to the Provident Fund as a result of the decision of the Executive Committee to make the provident fund contributions in the months of June and December each year instead of in April and October as heretofore. Consequently contributions for 15 months instead of 12 had to be paid during 1928.

M. F. GAUNTLETT,
Honorary Treasurer.

ANNEX

Annual Account of the Women's

Income.

Items.	Amount.			Total.		
	Rs.	A.	P.	Rs.	A.	P.
1. Balance on 1st January 1928—						
Investments	4,30,753	8	0			
Cash	1,77,329	4	11			
	6,08,082	12	11			
Due from Provident Fund on account of excess of interest realised over the interest due to members	2,832	13	6			
	6,10,915	10	5			
Less—To be transferred to Provident Fund on account of Council Contribution	37	0	0	6,10,878	10	5
2. Interest on Investments . . . . .	....			23,370	2	0
3. Contributions—						
(a) From the Government of India	3,70,000	0	0			
(b) From the Government of Bihar and Orissa	4,900	0	0	3,74,900	0	0
4. Recovery of Provident Fund contributions from the Governments of —						
(a) Bengal	1,066	15	0			
(b) Madras	1,264	6	0			
(c) United Provinces	820	0	0	3,151	5	0
5. Miscellaneous—						
(a) Refund of Passage money from Drs. Munday, Slater, Thomas, Milne and O'Sullivan	3,302	5	0			
(b) From Provident Fund on account of Council Contribution and interest not paid to Drs. Stowe, Munday and O'Sullivan	5,752	1	7			
(c) Rebate on Passage money of Dr. Menezes	70	3	0			
(d) Other items	33	13	0	9,158	6	7
6. By adjustment of the excess of interest realised by the Provident Fund over the interest due to members . . . . .	....			4,374	9	10
TOTAL . . . . .	....			10,25,833	1	10

URE IV.
Medical Service for the year 1928.

Expenditure.

Items.	Amount.			Total.		
	Rs.	A.	P.	Rs.	A.	P.
1. Contribution towards Central Office expenses . . . . .	....			25,000	0	0
2. Pay and Allowancees (Senior Branch)—						
(a) Pay	2,45,463	10	0			
(b) Duty Allowance	1,200	0	0			
(c) Leave Allowancee	33,596	12	0			
(d) Travelling Allowancee	7,016	10	6			
(e) House Allowance	368	1	0	2,87,645	1	6
3. United Kingdom Committee expenses . . . . .	....			290	15	8
4. Training Reserve (Women's Medical Service)—						
(a) Pay	12,953	12	0			
(b) Travelling Allowance	1,091	12	0	14,045	8	0
5. Junior Women's Medical Service—						
(a) Personal Allowances	5,675	13	0			
(b) Leave Allowances	343	13	0			
(c) Travelling Allowance	72	13	0	6,092	7	0
6. Contribution to the Provident Fund—						
(a) Senior Branch	46,805	13	8			
(b) Junior Branch	1,536	11	0	48,342	8	8
7. Cost of Passages . . . . .	....			7,693	0	0
8. Miscellaneous—						
(a) Vernacular Examination Fees	126	0	0			
(b) Ineome-tax paid on behalf of Dr. Chatterji	106	15	0			
(c) Other items (Bank charges, etc.).	24	13	0	257	12	0
9. Balance on 31st Decmber 1928—						
Investments (as per Schedule)	5,93,595	14	0			
Cash	38,495	5	2			
	6,32,091	3	2			
Due from Provident Fund on account of excess of interest realised over the interest due to members	4,374	9	10	6,36,465	13	0
TOTAL . . . . .	....			10,25,833	1	10

M. F. GAUNTLETT,
Honorary Treasurer.

Examined and found correct.
PRICE, WATERHOUSE, PEAT & CO.,
Chartered Accountants,
Auditors.
CAWNPORE ;
11th February 1929.

ANNEXURE V.

Statement of Investments of the Women's Medical Service as
on 31st December 1928.

Assets.	Face Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 3½% Government of India Loan (1865) . . .	2,00,000 0 0	1,89,574 3 9	1,45,000 0 0
2. 4% Calcutta Municipal Debentures . . .	57,000 0 0	54,221 7 4	54,115 10 0
3. 4½% Loan, 1955-60	8,000 0 0	7,170 0 0	7,525 0 0
4. 6% Government of India War Bonds, 1930 .	8,000 0 0	8,277 8 0	8,095 0 0
5. 6% Government of India War Bonds, 1930 .	8,000 0 0	8,000 0 0	8,095 0 0
6. 6% Government of India Loan (1931) . . .	40,000 0 0	40,000 0 0	40,900 0 0
7. 5% Government of India Loan (1945-55) . .	1,13,500 0 0	1,23,680 4 11	1,17,898 2 0
8. 5% Government of India Loan (1945-55) . .	1,50,400 0 0	1,62,672 6 0	1,56,228 0 0
TOTAL .	5,84,900 0 0	5,93,595 14 0	5,37,856 12 0

M. F. GAUNTLETT,
Honorary Treasurer.

PROVIDENT FUND ACCOUNT OF THE WOMEN'S MEDICAL SERVICE AND CENTRAL OFFICE.

The statement of the Provident Fund Account will be found in Annexure VI to this Chapter.

It will be seen that the subscription from members has amounted to over Rs. 39,800 while repayment of advances amount to Rs. 3,200. The Council Contribution has amounted to about Rs. 49,100.

The advances to members have amounted to over Rs. 11,100 while final payments about Rs. 72,300 were made. The miscellaneous expenditure which amounts to about Rs. 5,800 includes over Rs. 5,700 repaid to the Women's Medical Service on account of Council Contribution and interest not paid to those members who resigned earlier than the prescribed period of five years.

The total liability on account of Provident Fund inclusive of interest on accrued balances amounts to over Rs. 4,54,500.

M. F. GAUNTLETT,
Honorary Treasurer.

ANNEX

**Statement of Provident Fund Account of the Women's Medi
League,
Income.**

Items.	Amount.	Total.
	Rs. A. P.	Rs. A. P.
1. Opening Balance—		
Investments	4,30,974 2 0	
Cash	6,157 8 6	
	4,37,131 10 6	
	Rs. A. P.	
Due to Women's Medical Service on account of excess of interest realised over the interest due to members	2,832 13 6	
Due from Women's Medical Service on account of Council Contribution	37 0 0	
	2,795 13 6	4,34,335 13 0
2. Subscriptions from Members . . . . .	..	39,838 7 8
3. Repayment of advances . . . . .	..	3,205 0 0
4. Council Contribution . . . . .	..	49,071 15 8
5. Interest . . . . .	..	17,325 8 2
TOTAL .	..	5,43,776 12 6

**Statement of Investments of the Women's Medical Service
Provident Fund Account as on 31st December 1928.**

Assets.	Face Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 5% Government of India Loan, 1945-55 . .	3,00,000 0 0	2,88,000 0 0	3,11,625 0 0
2. 5% Government of India Loan, 1945-55 . .	54,300 0 0	59,982 4 8	56,404 2 0
3. 5% Government of India Loan, 1945-55 . .	36,700 0 0	39,991 13 4	38,122 2 0
4. 5% Government of India Loan, 1945-55 . .	40,000 0 0	43,000 0 0	41,550 0 0
5. 5% Government of India Loan, 1945-55 . .	9,400 0 0	9,971 4 4	9,764 4 0
TOTAL .	4,40,400 0 0	4,40,945 6 4	4,57,465 8 0

M. F. GAUNTLETT,

Honorary Treasurer.

ANNEXURE VII.

[illegible]

ANNEX

Particulars of Hospitals under officers

Name and location of hospital with details as to whether owned by Government or a Local Body or a private institution. Unless otherwise stated Provincial Branches of C. D. F. are the owners.	STAFF.									
	Number of beds.	Women's Medical Service.	Junior W.M.S., or W.M.S. Training Reserve.	Assistant Surgeons.	Sub-Assistant Surgeons.	Matrons, Nursing Superintendents or Sisters.	STAFF NURSES.		PROBATIONER NURSES.	
							Indians.	Others.	Indians.	Others.
1	2	3	4	5	6	7	8	9	10	11
							A.—HOSPITALS IN AREAS DIRECTLY			
SIMLA.										
Lady Reading Hospital for Women and Children, private institution aided by Municipality and Punjab Government.	65	2	1 Jr.+1 Training Reserve.	..	..	1 Nursing Supdt., 2 Sisters.	8	..	12	..
DELHI.										
Lady Hardinge College Hospital supported by Government of India with grants from Provincial Governments.	220	8	..	9	..	7	24	..	42	..
Victoria Zenana Hospital, private aided.	65	1	..	1	1	1 Matron, 2 Sisters.	5	1	14	1
BALUCHISTAN.										
Lady Sandeman Hospital, Quetta.	24	1	..	1	..	1	3	..	2	..
NORTH-WEST FRONTIER PROVINCE.										
Dera Ismail Khan Municipal Zenana Hospital.	24	..	1	..	1	1	3	..	..	..
							B.—HOSPITALS IN GOVERNORS' PROVINCES UNDER			
MADRAS.										
Government Victoria Caste and Gosha Hospital, Triplicane, Madras.	87	1	..	2	3	1	2	5	8 Pupil Nurses, 10 Indian Pupil midwives	9
UNITED PROVINCES.										
Agra Women's Medical School, supported by U. P. Govt.	126	2	1	3	7	2	..	3	..	14
							C.—HOSPITALS IN GOVERNORS' PROVINCES UNDER			
MADRAS.										
Victoria Hospital for Women and Children, Vizagapatam.	48	1	..	1	1	1	4	1	1	3

URE VIII.

of the Women's Medical Service, 1928.

WORK DONE IN HOSPITAL.											
Number of new In-patients.	Number of new Out-patients.	Total attendance of Out-patients (old and new).	GYNÆCOLOGICAL CASES.		MIDWIFERY.			OPERATIONS.			REMARKS.
			In-door.	Out-door.	Abor-tions.	Normal labour.	Abnor-mal labour.	Abdo-minal Sections.	Under General or Spinal Anæsthesia.	Total.	
12	13	14	15	16	17	18	19	20	21	22	23
UNDER THE GOVERNMENT OF INDIA.											
1,143	4,472	22,736	153	1,130	15	77	59	61	276	938	The officers of the W. M. S. are only part-time workers in the hospital.
3,276	12,027	29,491	909	3,529	62	245	142	177	1,506	2,787	
2,342	18,668	51,578	573	4,598	44	399	120	116	654	923	
517	14,765	69,086	155	2,168	26	52	17	4	144	157	
748	7,941	19,231	209	3,194	19	176	27	7	226	679	
THE CONTROL OF THE LOCAL GOVERNMENTS.											
3,897	17,390	44,518	697	4,688	142	1,428	341	97	773	1,292	
3,055	13,533	13,969	269	2,356	143	644	66	112	752	864	
LOCAL DUFFERIN FUND OR PRIVATE INSTITUTIONS.											
826	9,674	26,894	237	1,672	8	94	12	10	170	445	

Particulars of Hospitals under officers

Name and location of hospital with details as to whether owned by Government or a Local Body or a private institution. Unless otherwise stated Provincial Branches of C. D. F. are the owners.	STAFF.									
	Number of beds.	Women's Medical Service.	Junior W. M. S., or W. M. S. Training Reserve.	Assistant Surgeons.	Sub-Assistant Surgeons.	Matrons, Nursing Superintendents or Sisters.	STAFF NURSES.		PROBATIONER NURSES.	
							Indians.	Others.	Indians.	Others.
1	2	3	4	5	6	7	8	9	10	11
C.—HOSPITALS IN GOVERNORS' PROVINCES UNDER										
BOMBAY.										
Lady Dufferin Hospital, Karachi, has Government and Municipal Grants but is largely run on private donations.	80	1	1	1	..	1 Matron 3 Sisters.	3	..	9	3+4 midwives
Dufferin Hospital, Shikarpur	22	1	..	1	1	1	..	7	..	2
S. M. V. Hospital for Women and Children, Surat.	32	1	1	..	..	1 Matron 1 Sister.	1	..	11	..
BENGAL.										
Dufferin Victoria Hospital, Calcutta.	104	2	1 Training Reserve.	..	1	1 Matron 2 Sisters.	3	1	24 6 Dais.	2 Pupil midwives
UNITED PROVINCES.										
Dufferin Hospital, Allahabad	44	1	..	1	..	1	4	1	5	1
Ishwari Memorial Hospital, Benares.	56	1	..	1	..	1 Matron 2 Sisters.	1	..	2	..
Dufferin Hospital, Cawnpore	42	1	..	1	..	1 Matron 1 Sister.	2 Nurses 6 Dais.	..	3	..
Dufferin Hospital, Lucknow	40	1	..	1	..	1 Matron	..	2	..	5
PUNJAB.										
Lady Aitchison Hospital, Lahore.	100	1	1 J.W.M.S. 1 Training Reserve.	..	1	1 Nursing Supdt. 2 Sisters.	9	..	14	..
Women's Department of Civil Hospital, Rawalpindi Municipality.	16	..	1 J.W.M.S.	..	..	1	1	..	..	..
BIHAR AND ORISSA.										
Raj Dufferin Hospital, Bettiah.	47	1	..	..	1	2	2	..	2 Nurses 13 Dais.	..
Lady Elgin Zenana Hospital, Gaya.	69	1	1	..	..	1	2	..	6	..

of the Women's Medical Service, 1928—*contd.*

WORK DONE IN HOSPITAL.											REMARKS.	
Number of new In-patients.	Number of new Out-patients.	Total attendance of Out-patients (old and new).	GYNÆCOLOGICAL CASES.		MIDWIFERY.			OPERATIONS.				
			In-door.	Out-door.	Abor-tions.	Normal labour.	Abnor-mal labour.	Abdo-minal Sections.	Under General or Spinal Anæsthesia.	Total.		
12	13	14	15	16	17	18	19	20	21	22	23	
LOCAL DUFFERIN FUND OR PRIVATE INSTITUTIONS— <i>contd.</i>												
2,345	12,222	34,262	348	3,179	76	499	138	71	82	482		
1,250	8,400	24,067	314	3,402	63	408	52	3	210	213		
962	8,066	56,853	260	2,295	43	227	58	4	159	163		
2,629	6,329	15,244	971	3,231	84	529	100	109	976	1,238		
770	5,736	19,536	215	1,686	32	105	62	54	397	650		
1,067	13,989	34,091	418	4,995	8	137	84	42	386	428		
1,003	10,198	35,629	343	3,344	54	91	44	74	352	531		
922	5,483	23,227	189	1,597	51	158	60	10	192	298		
2,139	9,316	22,006	689	5,468	105	116	197	155	1,188	1,343		
709	11,659	124,758	105	2,255	10	45	25	26	84	224		
1,794	25,798	43,168	210	896	3	117	62	21	275	1,301		
95	7,764	25,450	292	1,381	16	2	47	76	531	851		

Particulars of Hospitals under officers

Name and location of hospital with details as to whether owned by Government or a Local Body or a private institution. Unless otherwise stated Provincial Branches of C. D. F. are the owners.	STAFF.									
	Number of beds.	Women's Medical Service.	Junior W. M.S., or W.M.S. Training Reserve.	Assistant Surgeons.	Sub-Assistant Surgeons.	Matrons, Nursing Superintendents or Sisters.	STAFF NURSES.		PROBATIONER NURSES.	
							Indians.	Others.	Indians.	Others.
1	2	3	4	5	6	7	8	9	10	11
C.—HOSPITALS IN GOVERNORS' PROVINCES UNDER										
CENTRAL PROVINCES AND BERAR.										
Lady Elgin Hospital, Jubulpore, with which is incorporated the	30	1	..	1	..	1	1	1	9	..
Crump Children's Dispensary, owned by Government.	..	..	..	..	..	..	1	..	..	..
Daga Memorial Hospital, Nagpur.	50	1	..	1	1	1	5	..	9	..
Women's Hospital, Chhindwara.	20	1	..	..	1	1	1 compounder.	..	3	..
Lady Hardinge Hospital, Akola.	35	1	..	1	..	1	3	..	5	..
Dufferin Hospital, Amraoti .	23	1	..	1	..	1	1 compounder.	..	6	1
Sai Bai Mote Female Hospital, Shegaon, Local Fund.	21	..	1 J.W.M.S.	1	1	..	6 including 1 compounder.	..	..	..

of the Women's Medical Service, 1928—concl'd.

WORK DONE IN HOSPITAL.											REMARKS.	
Number of new In-patients.	Number of new Out-patients.	Total attendance of Out-patients. (old and new).	GYNÆCOLOGICAL CASES.		MIDWIFERY.			OPERATIONS.				
			In-door.	Out-door.	Abor-tions.	Normal labour.	Abnor-mal labour.	Abdo-minal. Sections.	Under General or Spinal Anæsthesia.	Total.		
12	13	14	15	16	17	18	19	20	21	22	23	
LOCAL DUFFERIN FUND OR PRIVATE INSTITUTIONS—concl'd.												Returns included under Elgin Hos-pital.
626	3,596	10,313	181	949	5	54	20	2	140	266		
..		
1,517	11,777	37,579	341	1,355	23	173	44	33	522	992		
330	3,753	15,846	42	410	3	23	8	7	89	201		
958	5,173	17,573	180	1,175	24	190	41	11	203	410		
794	12,225	13,019	143	1,787	15	183	103	109	377	486		
575	10,311	57,089	234	926	10	95	20	2	146	421		

ANNEXURE IX.
INDIAN STATES.

Details regarding Hospitals for Women for the calendar year 1928.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
1. HYDERABAD STATE.						
1. Victoria Zenana Hospital, Hyderabad.	Dr. Miss K. S. Kanga	H. E. H. The Nizam's Government.	125	3,591	19,636	36,902
2. Aliabad Dispensary, Hyderabad .	Mrs. H. Cornelius .	Do. .	..	..	7,185	24,592
3. Doodbowll Do. .	Mrs. P. Partridge .	Do. .	..	..	8,068	26,606
4. Police Do. .	Mrs. Rathan .	Do. .	3	37	4,095	7,730
5. Suburban Do. .	Miss K. Nambiar .	Do. .	5	14	10,320	29,510
6. Gulburga Dispensary . .	Mrs. G. Davis .	Do. .	4	42	3,141	7,550
7. Civil Hospital, Mahbubnagar .	Miss D'Souza .	Do. .	1	20	2,496	7,300
8. Do. Nalgondah . .	Miss H. Butt .	Do. .	2	20	4,502	14,351
9. Do. Bidar . .	Miss Ivy Jones .	Do. .	2	28	3,984	10,184
10. Do. Nizamabad . .	Miss Dorothy Butt	Do. .	3	43	6,563	13,859
11. Do. Karimnagar .	Miss C. Madhavi .	Do. .	2	22	5,068	9,332
12. Nanded dispensary . .	Miss B. D'Senga .	Do. .	2	..	351	1,047
13. Parbhani dispensary . .	Miss I. O. Dias .	Do. .	9	71	3,983	5,812
14. Jalna dispensary . .	Miss L. Reddy .	Do. .	4	5	1,289	2,645
2. MYSORE STATE.						
1. Bangalore—						
Lady Curzon Hospital, Bangalore	Residency Surgeon .	Government of India.	120	2,317	14,302	42,049
Haji Sir Ismail Sait Gosha Hospital, Bangalore.	Miss M. E. McMurray, L.R.C.P. & S. (Ed.).	Do. .	20	462	4,383	22,768
2. Maternity Hospital . . .	Miss C. Albuquerque, M.R.C.S., L.R.C.P., L.M.	Government of Mysore.	66	2,140	14,624	50,791
3. Victoria Hospital . . .	Mrs. R. Isaac, L.R.C.P., M.R.C.S.	Do. .	60	1,165	16,989	49,180
4. Maternity Hospital, Kolar Gold Fields.	Miss Aquino, M.B., B.S.	Government and Sanitary Bd., Kolar Gold Fields.	24	939	17,636	32,113
5. Female Department, District Hospital, Kolar.	Mrs. A. Watts, Apothecary.	Government of Mysore.	4	65	12,069	21,435

Details regarding Hospitals for Women for the calendar year 1928— *contd.*

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
2. MYSORE STATE—<i>contd.</i>						
6. Female Department, District Hospital, Tumkur.	Mrs. M. Uchigavkar, L.M. & S., Assistant Surgeon.	Govt. of Mysore and Local and Municipal Bodies.	12	89	9,896	23,290
7. Vani Vilas Hospital, Mysore	Mrs. M. Whale, M.B., B.S.	Government of Mysore.	36	1,153	13,490	13,615
8. Female Department, District Hospital, Hassan.	Miss A. G. Allen, L.M.S.	Local and Municipal Board.	5	290	11,245	27,714
9. Krishna Rajendra Hospital, Mysore.	Mrs. B. Perriton, M.D., Surgeon.	Government of Mysore.	80	1,173	28,256	76,192
10. Female Dispensary, Chikballapur.	Miss Joucquim, Sub-Assistant Surgeon.	Do.	4	13	7,788	16,028
11. Female Dispensary, Chintamani	Miss M. S. Gnanmuthu, Apothecary.	Do.	2	19	7,109	15,601
12. Maternity Hospital, Saklespur	Mrs. N. Calebs, Sub-Assistant Surgeon.	Do.	8	102	8,229	15,678
13. Female Dispensary, Hole-Narsipur	Miss E. Patton, Apothecary.	Do.	..	..	9,704	20,560
14. Female District Hospital, Shimoga	Miss K. Khopker, M.B., B.S.	Do.	12	297	8,193	20,412
15. Female Dispensary, Saga, Shimoga District.	Mrs. G. M. Droogs, Sub-Assistant Surgeon.	Do.	4	8	10,152	28,482
16. Female Department, District Hospital, Chickmagalur.	Mrs. M. Miles, M.B., Bch.	Do.	12	344	19,581	46,012
17. Female Dispensary, Tarikere, Kadur District.	Mrs. M. Balasundaramma, Sub-Asst. Surgeon.	Do.	2	1	5,740	14,253
18. Female Department and Maternity, Chitaldrug.	Miss A. G. Smith, Apothecary.	State, District and Municipal Funds.	6	24	11,102	27,288
19. Female Dispensary and Maternity, Davangere.	Miss Indumathi Kale, M.B., B.S., Asst. Surgeon.	State & Municipal Funds.	6	30	4,032	9,527
20. Female Dispensary, Mudigere	Miss Williams, Sub-Asst. Surgeon.	Do.	2	33	8,804	17,593
21. Female Dispensary, Nanjangud	Miss Evelin Doss, Sub-Asst. Surgeon.	District, Municipal and State Funds.	2	20	16,759	43,107
22. Female Dispensary, Channapatna.	Miss R. Dhalvani, Sub-Asst. Surgeon.	Do.	..	..	6,312	16,862

Details regarding Hospitals for Women for the calendar year 1928— *contd.*

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
3. CENTRAL INDIA STATES.						
Bhopal—						
Lady Lansdowne Hospital . . .	Miss M. A. Stowe, M.B., Ch.B.	State . . .	38	627	6,202	20,190
Asfia Female Dispensary . . .	Mrs. Bismilla Khanam, Sub-Assistant Surgeon.	H. H. The Nawab Sultan Jahan Begum Sahiba, C.I., G.C.S.I., G.C.I.E., C.B.E.	..	..	..	..
Rewa—						
Zenana	Mrs. Dadina, L.R.C. P. & S. (Edin.).	Rewa State . . .	8	10	1,922	6,599
4. RAJPUTANA STATES.						
Alwar—						
Lady Dufferin	Dr. Sugna Bai . . .	State	60	228	30,297	43,610
Bharatpur—						
Sri Dadiji Sahiba Daryal Kaur for Women.	Miss Z. Jacob . . .	Do.	24	196	5,579	14,029
Bikanir—						
Zenana	Dr. D. Fairbairn, M.B., C.M., M.R.C.S., L.R.C.P., L.M. (Rot.), up to 28th September 1928, Miss Patwalla, M.B., B.S., Offg.	H. H. The Maharaja.	24	575	5,483	18,293
Beawar—						
Female Hospital	Miss Houlton . . .	Municipality and District Board.	15	151	8,405	20,701
Jaipur—						
Mayo	Dr. Prem Pyari . . .	Jaipur Darbar . .	39	1,575	28,037	54,282
Jodhpur—						
Jaswant Female	Mrs. Tarleton, M.R.C.S., L.R.C.P.	Raj Marwar . . .	36	689	13,522	36,144
Kishangarh—						
General	Nurse Phooli Bai under supervision of Dr. Nansharlal, M.B., B.S., State M. O.	State	6	46	1,493	3,738
Kotah—						
Victoria Hospital	Dr. G. K. Dhaivya-wan, M.B., B.S.	H. H. The Maharao Sahib of Kotah.	27	163	10,174	27,704
Tonk—						
Walter Female	Dr. K. Reed, L.R. C.P. & S.	Tonk Darbar . . .	20	185	10,355	10,418
Udaipur—						
Walter Zenana	Mrs. M. Dadina . .	H. H. The Maharana Sahib Bahadur.	24	136	3,437	8,643

Details regarding Hospitals for Women for the calendar year 1928— *contd.*

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
5. BARODA STATE.						
Baroda—						
State General Hospital	Miss Maya Das, M.D. Miss Kulshresht. Miss E. S. Aquino.	Baroda State .	100	1,525	12,506	56,329
Jamnabai Dispensary (Maternity Home).	Miss Maya Dass, M.D.	Do. .	12	351	26,675	136,364
Patan—						
Dayanbhai Maternity	Dr. Bana, M.B., B.S.	Do. .	12	234	8,168	51,804
Petlad Maternity Home	Mrs. Y. Marathe .	Baroda Govern- ment.	16	103	3,888	20,580
Visnagar Maternity Home	(i) Godubai H. Limaye. (ii) Dr. Tapidas, M.	Do. .	6	1,178	10,628	75,778
6. KASHMIR STATE						
Jammu—						
King Edward Memorial Zenana	Dr. R. Gubbay, M.B., B.S.	Kashmir Darbar	10	182	10,244	31,778
Srinagar—						
Diamond Jubilee Zenana	Dr. E. Hartley, M.B., Ch.B., D.P.H.	Kashmir State	50	1,200	10,477	25,719
7. GWALIOR STATE.						
Janakganj—						
Branch Dispensary	Mrs. M. G. Pillai, Sub-Asst. Surgeon.	State .	..	..	6,679	21,505
Lashkar—						
J. A. for Women and Children and Female Out-door Dispensary.	Vacant	Do.	96	1,270	..	..
	Mrs. Yamunabai Joshi.	Do. . . . .	..	..	8,721	30,923
Ujjain—						
Civil for Women	Miss P. P. Dalal, L.M. & S.	Do.	30	507	18,731	58,383
Shri Sakhya Raja Maternity Home .	Mrs. Jankibai, Train- ed Midwife and Nurse.	Shri Sakhya Raja Maternity Home Trust.	12	..	..	..
8. MADRAS STATES.						
Cochin						
Mattancherri—						
Women's	Mrs. M. E. Kohlhoff, L.M. (Dub.).	Cochin Govern- ment.	65	1,700	24,592	48,356
Trichur—						
Maternity	Miss G. M. D'Souza, M.R.C.S. (Eng.), L.R.C.P. (Lond.).	Do. .	72	1,838	41,236	76,482
Ernakulam—						
General	Mrs. R. Salem . Mrs. M. Madhavi Ammah. Mrs. C. V. Sanka- rambal.	Do. .	66	..	..	..

Details regarding Hospitals for Women for the calendar year 1928— *contd.*

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
8. MADRAS STATES—<i>contd.</i>						
Travancore—						
Alleppey—						
District Alleppey . . .	Miss E. Sebastian, L.M.P.	Travancore Government.	20	749	24,564	62,755
Kottayam—						
District	Mrs. C. Jacob (Apothecary).	Do. .	18	619	24,114	58,327
Quilon—						
Victoria Jubilee . . .	Miss A. T. Martin, L.M. & S.	Do.	42	2,520	44,615	87,199
Trivandrum—						
Women's and Children's . .	Dr. Mrs. Poonen Lukose, B.A., M.B., B.S. (Lond.), L.M. (Rotunda).	Do.	91	3,102	28,965	59,770
Nagercoil—						
District Hospital . . .	Miss. C. Sarvamma Naidu, L.M.P.	Do. .	22	246	14,672	26,169
H. H. The Rani's Hospital, Pudukkottai.	Mrs. M. A. Williams, M.B., B.S.	Pudukkottai State.	36	639	13,828	46,051
9. BOMBAY STATES.						
Bhavnagar—						
Sri Gopnathji Maternity . .	Miss M. DeSouza, L.M. & S.	State . . .	12	413	..	..
Dhrangadra—						
Sri Prankunverba Zenana . .	Miss D. Davids .	Do. . . .	30	2,327	7,249	43,835
Junagadh—						
Coronation Memorial Zenana . .	Miss N. Proctor Sims, M.R.C.S. (Eng.), L.R.C.P.	Do. .	24	406	8,239	67,238
Porbandar—						
Hancock Memorial for Women .	Miss Kashibai Nadkarni.	Do. . . .	28	184	2,839	16,831
Rajkot—						
Rasulkhanji Zenana	Dr. Rukhmabai .	State General Fund.	20	647	4,174	10,432
Gondal—						
Nankunverba Zenana Hospital, Dhoraji.	G. H. Limaya .	By Public and Private Charity Funds.	6	..	5,300	26,003
Palanpur—						
Female Hospital	Dr. D'Silva, M.B., B.S.	Public Funds .	12	4	4,241	23,268
Radhanpur—						
Diamond Jubilee Female .	Vacant . . .	State . . .	4	4	2,451	8,601

Details regarding Hospitals for Women for the calendar year 1928—
concl'd.

Name and Location of Hospital.	Name of Medical Woman in Charge.	By whom supported.	No. of beds.	No. of In-patients.	No. of new Out-patients.	Total attendance of Out-patients, old and new.
10. UNITED PROVINCES STATES.						
Rampur—						
Zenana	Miss Ghose, L.M.S. .	State	20	..	..	..
11. PUNJAB STATES.						
Bahawalpur—						
Jubilee Female	Miss E. A. Rider, M.D., up to 22nd April 1928. Miss A. Anderson, Offg. (Senior Compounder).	H. H. The Nawab of Bahawalpur.	20	5,735	8,972	22,590
Jind—						
Victoria Female, Sangrur	Mrs. R. Courtenay.	Jind Durbar	8	94	7,399	21,021
Kapurthala—						
Victoria Jubilee	Dr. G. M. Friend Pereira, M.D.	H. H. The Maharaja.	30	507	19,828	42,532
Nahan—						
Shamsher Zenana	Mrs. G. Collins	Do.	19	72	4,225	21,855
Patiala—						
Lady Dufferin	Dr. Freany Cama	Do.	30	365	6,118	13,006
Hendley Female Dispensary	Mrs. L. Stanley, L.M.P.	Do. . . . .	..	..	..	..

ANNEXURE X.

LIST OF SANCTIONED POSTS.

Women's Medical Service (Senior Branch).

APPOINTMENTS IN AREAS DIRECTLY UNDER THE GOVERNMENT OF INDIA.

I.—Administrative.

1. Chief Medical Officer, Women's Medical Service, Secretary of the Funds, Miss A. C. Scott, M.B., London.
2. Personal Assistant to the Chief Medical Officer, Miss E. S. Walker, M.B., B.Ch. (Belfast), D.P.H. (London), till March 1928. Miss E. Wingate, M.B., B.S. (London), M.R.C.S. (Eng.), L.R.C.P. (London), from April 16th till September 12th, 1928. Mrs. R. Young, M.B.E., M.B., Ch.B., B.Sc. (not a W. M. S. officer), from October 16th, 1928.

II.—Simla.

3. Medical Superintendent, Lady Reading Hospital, Miss H. M. Franklin, M.B., B.S. (London), from March 31st, 1928.
4. Resident Medical Officer, Lady Reading Hospital, Miss L. Torrance, M.D., Ch.B. (Glasgow), from April 2nd, 1928.

III.—Delhi.

Staff of the Lady Hardinge College.

5. Principal and Professor of Obstetrics and Gynæcology, Miss G. J. Campbell, M.D., Ch.B. (Glasgow), Cert. Trop. Med. (London).
6. Professor of Surgery, Miss E. Pfeil, M.B., B.S., L.R.C.P. (Lond.), M.R.C.S. (England).
7. Professor of Anatomy, Miss K. McDermott, M.B., B.S. (Punjab).
8. Professor of Medicine, Miss N. Trouton, M.B., B.S. (Lond.), D.T.M. (Calcutta).
9. Professor of Pathology, Miss L. Chatterji, M.B., Ch.B. (Aberdeen), D.P.H. (Cantab.), D.T.M. & H. (Lond.), till May 4th. Miss G. Patel, M.B., B.S. (Lond.), D.T.M. (Calcutta), from September 17th, 1928.
10. Lecturer on Ophthalmology, Miss Roulston, M.B., Ch.B. (Glas.), D.O. (Oxon.).
11. Professor of Physiology, Miss A. M. Pichamuthu, M.B., B.S. (Madras), M.R.C.S., L.R.C.P. (London).
12. Radiologist, Miss Pilley, M.R.C.S., L.R.C.P., M.B., B.S. (Lond.).
13. Victoria Zenana Hospital, Medical Officer, Miss H. Keane, L.R.C.P. & S. (Edin.)

IV.—Baluchistan.

14. Medical Officer i/c Dufferin Hospital, Quetta, Mrs. G. Brindley, M.B., ch.B. (Edin.).

V.—North-West Frontier Province.

15. Medical Officer i/c Municipal Zenana Hospital, Dera Ismail Khan, Miss D. Bolton, M.R.C.S., L.R.C.P., till October 1st, Miss M. Barlow, J.W.M.S., from October 23rd, 1928.

VI.—Indian States.

16. Cutch State, Medical Officer i/c Zenana Hospital, Miss M. A. D. Naoroji, M.B., ch.B. (Edin.).

APPOINTMENTS IN GOVERNORS' PROVINCES UNDER THE CONTROL OF THE LOCAL GOVERNMENTS.

Madras.

1. Superintendent, Victoria Government Hospital, Miss H. Lazarus, M.R.C.S., L.R.C.P. (London), F.R.C.S. (Edin.), M.B., B.S. (Madras).

Bengal.

2. Resident Medical Officer, Eden Hospital, Calcutta, Miss N. Flett, M.B., ch.B. (Aberdeen).

United Provinces.

3. Senior M. O., W. M. S., and Superintendent, Medical Aid for Women, United Provinces, Miss S. H. Commissariat, F.R.C.S.I., Cert. Trop. Med. (London), L.M.S. (Bombay).
4. Principal, Women's Medical School, Agra, Miss M. V. Webb, L.R.C.P. & S.E., L.F.P. & S.G.
5. Second Medical Woman, Women's Medical School, Agra (tuitional), Miss U. Morton, M.D., B.S. (London).

APPOINTMENTS IN GOVERNORS' PROVINCES UNDER PROVINCIAL DUFFERIN FUND COMMITTEES OR IN PRIVATE INSTITUTIONS.

Madras.

1. Superintendent, Women's Hospital, Vizagapatam, Miss G. Patel, M.B., B.S. (London), till September 14th, Miss A. Cama, M.B., B.S. (Bombay), M.R.C.S. (England), L.R.C.P. (London), from September 14th, 1928.

Bombay.

2. Superintendent, S. M. V. Hospital, Surat, Mrs. Kamalakar, L.R.C.P. & S.E., L.F.P. & S.G., L.M.S. (Madras).
3. Medical Officer i/c Dufferin Hospital, Shikarpur, vacant till September 22nd, Miss A. Alfred, L.M.S. (Lahore), J.W.M.S., from September 23rd, 1928.
4. Superintendent, Dufferin Hospital, Karachi, Miss E. S. Walker, M.B., Ch.B., D.P.H.
5. Medical Officer i/c Hyderabad Sind, Miss A. Dodhi, M.B., B.S. (London), F.R.C.S. (Edin.), till 31st August, after which date no longer a W. M. S. post.

Bengal.

6. Superintendent, Dufferin Hospital, Calcutta, Miss G. Stapleton, M.D., B.S. (London).
7. Resident Medical Officer, Dufferin Hospital, Calcutta, Miss A. Cama, M.B., B.S. (Bombay), M.R.C.S., L.R.C.P. (London), till September 12th, Miss A. Dodhi, M.B., B.S. (London), F.R.C.S. (Edin.), from September 12th, 1928.

United Provinces.

8. Medical Officer i/c Dufferin Hospital, Allahabad, Miss I. Keess, M.R.C.S., L.R.C.P. (London).
9. Medical Officer i/c Dufferin Hospital, Lucknow, Miss M. C. Murphy, M.R.C.S. (England), L.R.C.P. (London), M.B. (Calcutta).
10. Medical Officer i/c Dufferin Hospital, Benares, Miss B. Thungamma, F.R.C.S. (Edin.).
11. Medical Officer i/c Dufferin Hospital, Cawnpore, Miss A. R. H. Grieg, M.B., Ch.F., (Edin.), till December 1st, Miss L. deMenezes, F.R.C.S.I., from December 1st, 1928.

Punjab.

12. Medical Officer i/c Lady Aitchison Hospital, Lahore, Miss H. M. Franklin, M.B., B.S. (London), till March 22nd, Miss Hamilton Browne, M.B., Ch.M. (Sydney), D.T.M. (Calcutta), from March 22nd, 1928.

Bihar and Orissa.

13. Superintendent, Raj Dufferin Hospital, Bettiah, Miss E. B. Hollway, M.B., B.S. (London).
14. Superintendent, Lady Elgin Hospital, Gaya, Miss G. Alphonso, M.R.C.S. (Eng.), L.R.C.P. (London), M.B. (Calcutta).

Central Provinces and Berar.

15. Superintendent, Dufferin Hospital, Nagpur, Miss N. R. Mucadam, M.R.C.S., L.R.C.P. (London), M.B., B.S. (Bombay).
16. Superintendent, Lady Elgin Hospital, Jubbulpore, Mrs. L. M. Bose, F.R.C.S.I., till March 15th, Miss H. Acheson, M.B., B.S. (London), from April 9th, 1928.
17. Superintendent, Women's Hospital, Chhindwara, Miss J. R. Maclean, M.B., Ch.B. (Edin.).
18. Superintendent, Lady Hardinge Hospital, Akola, Mrs. L. M. Bose, F.R.C.S.I., from March.
19. Dufferin Hospital, Amraoti, Miss D. D'Abreu, L.R.C.P., M.R.C.S., D.P.H.

Leave Reserve.

1. Mrs. M. A. Milne, M.B., B.Ch. (Belfast), D.P.H. (Edin.), Research Worker, Bombay.
2. Mrs. O'Brien Beadon, M.B., B.S. (London), L.S.A., on deputation with Government of India, from June 1st, 1928.

On Leave.

1. Miss G. Mohd. Ali, M.B., B.S. (Lucknow).
2. Mrs. O'Brien Beadon, M.B., B.S. (London), L.S.A., till May 31st, 1928.
3. Miss L. deMenezes, F.R.C.S.I., till November 30th, 1928.
4. Miss L. Chatterji, M.B., Ch.B. (Aberdeen), D.P.H. (Cambridge), D.T.M. & H. (London), from May 4th, 1928.

Training Reserve.

4th year—

1. U. K. Scholarship-holder, Miss D. Bali, M.B., B.S. (Punjab).
2. U. K. Scholarship-holder, Miss Wiseham, M.B., B.S. (Calcutta).

3rd year—

3. R. M. O., Lahore, Miss Lakshmi Devi, M.B., B.S. (Punjab).
4. R. M. O., Karachi, Miss Brooks, M.B., B.S. (Punjab).

2nd year—

5. R. M. O., Agra, Miss S. Matthew, M.B., B.S. (Punjab).

1st year—

6. Clinical Assistant, Lady Hardinge Medical College, Delhi, Miss S. Shrikhande, M.B., B.S. (Bombay).
7. Attached Lady Reading Hospital, Simla, Miss U. D'Monte M.B., B.S., (Bombay).

ANNEXURE XI.

SENIORITY LIST ON DECEMBER 31st, 1928.

Officers of the Women's Medical Service.

1. CAMPBELL, MISS G. J., M.D., ch.B. (Glas.), Cert. Trop. Med. (London).
2. SCOTT, MISS A. C., M.B. (London).
3. O'BRIEN BEADON, MRS. M., M.B., B.S. (London), L.S.A.
4. NAOROJI, MISS M. A. D., M.B., ch. B. (Edin.).
5. WEBB, MISS M. V., L.R.C.P. & S.E., L.F.P. & S.G.
6. COMMISSARIAT, MISS S. H., F.R.C.S.I., Cert. Trop. Med. (London), L.M.S. (Bombay).
7. FRANKLIN, MISS H. M., M.B., B.S. (London).
8. MURPHY, MISS M. C., M.R.C.S. (England), L.R.C.P. (London), M.B. (Calcutta).
9. BOSE, MRS. L. M., F.R.C.S.I.
10. HOLLWAY, MISS E. B., M.B., B.S. (London).
11. KAMALAKAR, MRS. D., L.R.C.P. & S.E., L.F.P. & S.G., L.M.S. (Madras).
12. BROWNE, MISS HAMILTON, M.B., ch.M. (Sydney), D.T.M. (Calcutta).
13. LAZARUS, MISS H., M.R.C.S. (England), L.R.C.P. (London), M.B., B.S. (Madras),
F.R.C.S. (Edin.).
14. BRINDLEY, MRS. G. E. M., M.B., ch.B. (Edin.).
15. STAPLETON, MISS G., M.D., B.S. (London).
16. PFEIL, MISS E., M.B., B.S., L.R.C.P. (London), M.R.C.S. (England).
17. DEMENEZES, MISS L., F.R.C.S. (Ireland).
18. KEESS, MISS IVY, M.R.C.S. (England), L.R.C.P. (London), L. M. & S. (Bombay).
19. GREIG, MISS A. R. H., M.B., ch.B. (Edin.).
20. THUNGAMMA, MISS BOLAR, F.R.C.S. (Edin.), L.M.S. (Madras).
21. MAHOMED ALI, MISS G., M.B., B.S. (Lucknow), M.R.C.S. (England), L.R.C.P.
(London).
22. TROUTON, MISS M. E., M.B., B.S. (London), M.R.C.S., L.R.C.P., D.T.M. (Calcutta).
23. BOLTON, MISS D., M.B. (Calcutta), L.R.C.P., M.R.C.S. (England).
24. PATEL, MISS G. P., M.B., B.S. (London), D.T.M. (Calcutta), M.B., B.S. (Bombay).
25. MUCADAM, MISS N. R., M.R.C.S. (England), L.R.C.P. (London), M.B., B.S. (Bombay),
Cert. Trop. Med. (London).
26. CHATTERJI, MISS L., M.B., ch.B. (Aberdeen), D.P.H. (Cambridge).
27. MACLEAN, MISS J. R., M.B., ch.B. (Edin.).
28. ROULSTON, MISS R. E., M.B., ch.B. (Glasgow), D.O. (Oxon.).
29. DODHI, MISS A., M.B., B.S. (Bombay), M.B., B.S. (London), F.R.C.S. (Edin.).
30. WINGATE, MISS E., M.B., B.S. (London), M.R.C.S., L.R.C.P. (England).

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31. PILLEY, MISS E., M.B. (London), M.R.C.S., L.R.C.P.
 32. MORTON, MISS M., M.D., B.S. (London), M.R.C.S., L.R.C.P., D.T.M. & H.
 33. McDERMOTT, MISS K., M.B., B.S. (Punjab).
 34. ACHESON, MISS H. E., M.B., B.S. (London), M.R.C.S., L.R.C.P.
 35. ALPHONSO, MISS G., M.B., (Calcutta), M.R.C.S., L.R.C.P. (London).
 36. CAMA, MISS A., M.B., B.S. (Bombay), M.R.C.S., L.R.C.P. (London).
 37. TORRANCE, MISS L., M.D., ch.B. (Glasgow).
 38. PICHAMUTHU, MISS A.M., M.B., B.S. (Madras), M.R.C.S., L.R.C.P. (London).

Temporary Members.

1. KEANE, MISS H., L.R.C.P. & S.
2. D'ABREU, MISS D., L.R.C.P., M.R.C.S., D.P.H.
3. FLETT, MISS N., M.B., ch.B. (Aberdeen).

Training Reserve.

1. BALI, MISS D., M.B., B.S. (Punjab).
2. WISEHAM, MISS C., M.B., B.S. (Calcutta).
3. LAKSHMI DEVI, MISS A., M.B., B.S. (Punjab).
4. BROOKS, MISS E., M.B., B.S. (Punjab).
5. SHRIKANDE, MISS S., M.B., B.S. (Bombay).
6. MATTHEW, MISS S., M.B., B.S. (Punjab).
7. D'MONTE, MISS U., M.B., B.S. (Bombay).

ANNEXURE XII.

List of Sanctioned Posts in the Women's Medical Service, Junior Branch.

APPOINTMENTS IN AREAS DIRECTLY UNDER THE GOVERNMENT OF INDIA.

Simla.

1. House Surgeon, Lady Reading Hospital, Miss M. Barlow, Apothecary (Madras), till October 16th.

APPOINTMENTS IN GOVERNORS' PROVINCES UNDER LOCAL BODIES OR IN PRIVATE INSTITUTIONS.

Bombay.

2. House Surgeon, S. M. V. Hospital, Surat, Miss Polette Roberts, Cert. Pract. (Punjab).

Punjab.

3. 1st House Surgeon, Lady Aitchison Hospital, Lahore, Miss M. Lee, Cert. Pract. (Lahore).
4. Doctor i/c Zenana Hospital, Rawalpindi, Miss M. E. Franklin, Cert. Pract. (Lahore).

Bihar and Orissa.

5. House Surgeon, Lady Elgin Hospital, Gaya, Miss A. Paul, L.M. & s. (Bombay).

Central Provinces.

6. Doctor i/c Shegaon, Miss U. M. Lobo, L.M. & s. (Bombay).

Seniority List of Officers of the Women's Medical Service, Junior Branch.

1. MISS A. ALFRED, L.M.S. (Lahore). On leave preparatory to retirement.
2. MISS M. E. FRANKLIN, Cert. Pract. (Lahore).
3. MISS U. M. LOBO, L.M.S. (Bombay).
4. MISS A. C. P. ROBERTS, Cert. Pract. (Punjab).
5. MISS A. PAUL, L.M. & s. (Bombay).
6. MISS M. BARLOW, Apothecary (Madras).
7. MISS M. LEE, Cert. Pract. (Lahore).

ANNEXURE XIII.

Countess of Dufferin's Fund.

The following scholarships, prizes and medals are awarded by the Council of the Countess of Dufferin's Fund :—

SCHOLARSHIPS.

Muir Scholarships.

One of Rs. 30 P. M. tenable at the Medical College, Calcutta.

Two of Rs. 10 P. M. tenable at the Campbell Medical School, Calcutta.

Petit Scholarship.

One of Rs. 30 P. M. tenable at the Medical College, Calcutta.

Gilchrist Scholarships.

Six of Rs. 30 P. M. tenable at the Lady Hardinge Medical College, Delhi.

Council Scholarships.

Ten of Rs. 30 P. M. tenable at the Lady Hardinge Medical College, Delhi.

Three of Rs. 30 P. M. tenable at the Medical College, Madras.

Three of Rs. 30 P. M. tenable at the Medical College, Bombay.

One of Rs. 30 P. M. tenable at the Medical College, Calcutta.

Fawcett Scholarships.

Two of Rs. 30 P. M. tenable at the Lady Hardinge Medical College, Delhi, or any other Medical College in India of the same standard.

These scholarships are offered to undergraduate women students. Application for rules, etc., should be made to the Secretary, Countess of Dufferin's Fund, Viceregal Estates, Simla.

LADY DUFFERIN PRIZE.

One prize of Rs. 25 P. A. for sub-assistant surgeons in the Agra Medical School, to be awarded to the student who, in the annual examination, stands highest in clinical medicine and surgery, provided that she obtains two-thirds marks, and that her conduct during the past 12 months has been in every way satisfactory.

MEDALS.

M. B. Students.

One gold Queen-Empress Medal to be awarded for exceptional merit at the discretion of the Council.

Four silver Viceroy's medals to be offered annually to the Medical Colleges of Madras, Bombay, Calcutta and Delhi, for award to the woman student who passes highest in the final M. B. examinations in each of these colleges. These medals shall be awarded by the University authorities.

Sub-Assistant Surgeon Class.

Two silver Viceroy's medals to be offered annually to the Medical Schools at Agra and Ludhiana for the woman student who passes highest in the final qualifying examination, provided she obtains at least 60 per cent. of the available marks. These medals shall be awarded by the Examining Boards.

ANNEXURE XIV.

Statement for the Indian Statutory Commission by the National Association for Supplying Medical Aid by Women to the Women of India (The Countess of Dufferin's Fund including the Women's Medical Service).

In presenting this Memorandum to the Indian Statutory Commission the Council of the National Association for Supplying Medical Aid by Women to the Women of India endeavours to explain to the Commission how the Association's constitutional position, and in consequence its activities, have been affected by the Reforms introduced by the passing of the Government of India Act, 1919, and by the statutory rules made thereunder.

History and Objects of the Association.—The Association may be said to owe its existence to the direct initiative of Her Late Majesty Queen Victoria who personally commended to the Countess of Dufferin on the eve of the latter's departure for India the consideration of the necessity for providing the women of India with medical treatment from doctors of their own sex. In 1885 Lady Dufferin issued an appeal throughout British India and the Indian States, with the result that by 1888 the Association was formed and registered under the Societies Registration Act, 1860. It had at that time an invested capital of a little over five and a half lakhs of rupees, bringing in an annual income of something over Rs. 30,000. This constituted "The Countess of Dufferin's Fund". At the same time branches were established in all the important provinces, each branch having complete control of the funds at its disposal. The method adopted in 1888 of distributing the funds raised was to vest in the Central Committee all monies contributed in England, by the Indian States and from the areas in British India under the direct control of the Government of India. Contributions from areas included in what are the present Governors' provinces were returned to them to form the corpus of the funds of the branches. For many years now no further addition to the central fund has been received by public subscription. The policy of the central organisation has been to leave a free field in this matter to the provinces, and all contributions have been credited to the funds of the branches in the provinces in which they were received. These of late years have not amounted to a very large sum. The corpus of the central fund has now, mainly through savings, grown to about seven lakhs of rupees, and the income available for distribution amounts to about Rs. 41,500. The wife of the Viceroy of India for the time being has always been the President of the Fund.

The objects for which the National Association was established are :—

- (1) Medical tuition, including the teaching and training in India of women as doctors, hospital assistants, nurses and midwives.
- (2) Medical relief, including :—
 - (a) the establishment under female superintendence of dispensaries and cottage hospitals for the treatment of women and children.
 - (b) the opening of female wards under female superintendence in existing hospitals and dispensaries ;

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- (c) the provision of female medical officers and attendants for existing female wards ; and
 - (d) the founding of hospitals for women where special funds or endowments are forthcoming.
 - (3) The supply of trained female nurses and midwives for women and children in hospitals and private houses.
 - (4) The management of the Fund raised for the above objects, and which is known as "The Countess of Dufferin's Fund".
 - (5) The purchase or acquisition on lease, or in exchange, or on hire or otherwise, of any real or personal property, and any rights or privileges necessary or convenient for the purposes of the Association.
 - (6) The erection, construction, alteration and maintenance of any buildings necessary or convenient for the purposes of the Association.
 - (7) The sale, improvement, management and development of all or any part of the property of the Association.
 - (8) the promotion and establishment of Branches and of other Societies or Associations with similar objects, and the affiliation or amalgamation of such Societies or Associations with this Association.
 - (9) The doing of all such things as are incidental or conducive to the attainment of the above objects or any of them.

In its early days the Association acted as an agency for bringing medical women out from England and finding them appointments in India. It also helped in the building of hospitals. After 1900 the Central Committee gave up the recruitment of medical women from England and left the Provincial Committees to make their own arrangements. For a time thereafter its activities consisted in the giving of grants-in-aid to Zenana hospitals and training schools for women, or scholarships and prizes to women medical students and of post-graduate scholarships to Indian and Anglo-Indian women doctors for courses of study in the United Kingdom. In the year 1914 the scope of its activities was altered by the formation of the Women's Medical Service for India.

Creation of the Women's Medical Service.—It is not necessary for the purposes of this Memorandum to trace in detail the various activities of the Association. During the Viceroyalty of the Earl of Minto, which began in 1905, the operations of the Dufferin Fund came in for much criticism from various quarters. It was alleged with some justice that there were too few qualified medical women, that their remuneration was inadequate and that they were not accorded a proper status in the districts where they were employed. These were matters for which the whole blame could not justly be ascribed to the Association. The Central Committee realising that, if it was to attract medical women of a sufficiently high standard, it must improve the conditions of their service in India, applied in 1908 to the Government of India for an annual grant of Rs. 50,000. Early in 1909 the Association was informed that the Secretary of State was unable to agree to the annual grant but had sanctioned, as a special case, for a period of five years, an annual grant to the Fund equal in amount to the income received in the preceding year by the Central Committee from subscriptions and donations, subject to a maximum of Rs. 20,000. It was pointed out that the Central Committee's income in 1907 was only Rs. 2,500 from these sources, but nevertheless for the purpose of calculating the grant the Secretary of State

decided that the subscriptions and donations received by the provincial committees and branches should not be taken into account. The result therefore was that the financial position of the Association remained very much where it was. From 1910 attempts were made to induce the Government of India to sanction the formation of a Women's Medical Service under the Government on the lines of the Indian Medical Service. In 1913 the Government of India finally rejected this proposal but sanctioned an annual subsidy of Rs. 1,50,000 to enable the Women's Medical Service to be carried on by the Countess of Dufferin's Fund. The service was inaugurated from the 1st January 1914. The amount of the subsidy was eventually increased in 1919 to Rs. 3,70,000. In December 1921, the Government of India informed the Association that this must be regarded as a final figure, and that it would of course be subject to the vote of the Legislative Assembly, and they added "the Government of India do not intend to concern themselves further with the question of pay or strength of the Women's Medical Service, and the Association will have to make their own arrangements for meeting increased pay within that sum by reducing numbers, securing money from other sources, or otherwise". This was the first indication of the effect that the Reforms of 1919 would have upon the Women's Medical Service. It was pointed out to the Association that although it received a large subsidy from central funds, it was supplying women doctors to Local Fund hospitals, hospitals in Indian States and even purely provincial hospitals which, under the Reforms should not be subsidised from central revenues. In 1924 the Auditor General raised the question of the constitutional propriety of the Government of India making its grant without conditions, and after the Association had been called upon to justify its demand for the grant from central revenues, the Association was informed early in 1925 that the Secretary of State had sanctioned the continuance of the grant of Rs. 3,70,000 subject to the vote of the Legislative Assembly, and subject also to the condition that in future no officers of the Women's Medical Service should be lent to local Governments except in return for full payment of salary, including contributions to provident fund. From that time the Association took steps to ensure that the conditions then imposed should be strictly enforced in all future cases.

Present financial position of the Women's Medical Service.—Though the Government of India subsidy has remained fixed since 1919 the financial position of the Association in regard to the Women's Medical Service has deteriorated. In the interval, as a result of the recommendations made by the Commission known as the Lee Commission, various concessions have been made to most, if not all, of the Government services, and the Association felt that there was an obligation on them to treat its own officers in the Women's Medical Service with something like the same generosity. In consequence salaries have been increased, passage concessions have been granted and more liberal provident fund has been inaugurated. It is to be remembered that officers of the Women's Medical Service earn no pension. The result has been that the average cost of maintaining a single officer in the Women's Medical Service is now considerably greater than it was when the Government of India fixed its subsidy of Rs. 3,70,000. The cost may now roughly be taken at Rs. 10,000 per annum. Early in 1926 the Association was advised by Sir Frederic Gauntlett, its Honorary Treasurer, that the cadre of the Women's Medical Service should not exceed 42 members, allowing for the filling of 36 posts, with a leave reserve of 14 per cent. as against 20 per cent. in some of the Government services. The accuracy of this forecast was substantiated in 1927 when the employment of a cadre of 44 resulted in a deficit in the year's working. The Association cannot now maintain more than 42 members of the Women's Medical Service though it feels very strongly that a much larger number could be utilised.

It may be mentioned that of the present service 50 per cent. are of Indian domicile recruited in India.

The Central Committee in 1927 found themselves in the position of having to report to the Council of the Association that a reduction in the cadre of the Service was inevitable unless the income of the Association could be increased. The implications of this decision were that not only would officers of the Service have to be withdrawn from hospitals which had been under their charge for some time, but also requests from provincial committees for officers to take charge of new women's hospitals which had been inaugurated by them in full confidence that the Association would be able to lend the services of a fully qualified lady doctor, would have to be refused. When these implications were explained to the meeting of the Council which took place under the presidency of Her Excellency The Lady Irwin on March 19th, 1927, it was unanimously resolved that the financial position of the Association in regard to the Women's Medical Service should be laid before the Government of India, and that the Government should be asked to increase its annual subsidy to Rs. 5,00,000. The reply of the Government of India to the appeal addressed to it in consequence of this resolution was received in October 1927. In rejecting the Association's request the Government of India reminded the Association that the grant of Rs. 3,70,000 was sanctioned in 1921 subject to the clear understanding that the Government of India did not intend to concern themselves further with the question of the pay or the strength of the Women's Medical Service. They added that they were of opinion "that while the present constitution lasts it would not be proper for them to throw any further burden on central revenues for an extension of activities which would primarily benefit the provinces, and should therefore be paid for by the provinces", and they suggested that if the Association wished to proceed with the proposals outlined in the letter under reply they should make an appeal to local Governments or to the general public.

The National Association is not in a position to question the Government of India's interpretation of the constitutional position. Their object in addressing the Indian Statutory Commission is to emphasise that the matter is one in which the Government of India has great responsibilities and that a constitution which prevents them from assuming those responsibilities should be amended. It is not possible for the Association by adopting the Government of India's suggestion to raise any useful amount by an appeal to the generosity of the general public. Nor indeed does the Association feel that it is dealing with a matter which should be the subject of private generosity. An appeal has however been directed to local Governments, some of whom have promised to lay a demand for a grant before their local Legislative Councils in the next financial year. In the meantime, the Association applied to the Government of India for a non-recurring grant of Rs. 20,000 to enable it to tide over the period until the local Government's grants were received and the Service to be carried on without a reduction of cadre in the current year. This appeal again met with no success. The Association was again reminded that the Government of India would not concern itself with the Women's Medical Service. On this occasion however they added "the whole question of the propriety or otherwise of central revenues being expended on subjects such as the maintenance of the Women's Medical Service, which primarily benefits the provinces, will come within the purview of the Indian Statutory Commission". This statement affords the Association's justification for laying its case before the Commission.

Need for a properly organised service of female doctors.—The female population of British India may be estimated to be about 120 million. As far as can be ascertained

there are about 400 women doctors working in India with registrable qualifications. Of these, 42 are in the Women's Medical Service under the Countess of Dufferin's Fund, and 15 in the junior branch of that service and in the training reserve. About 90 are working under provincial Governments in Local Fund hospitals. Possibly 150 are working under Missionary Societies and something over 100 are in private practice. There is therefore roughly one qualified female doctor for every 300,000 of the female population in British India.

The existence of the purdah system makes the need for women doctors in India far greater than in other countries. It is a matter of common knowledge that the proportion of deaths at child-birth is notoriously high, and the ratio of infant mortality is deplorable. No large improvement in this matter can be expected until there is a far greater supply of medical practitioners whom the Indian will consent to call in to treat his womenfolk. Apart from maternity, gynaecological and ordinary medical cases there is a pressing need for qualified doctors to specialise in the vast field of research in female complaints and to fill the professional appointments in medical colleges and schools for women. One of the chief sources of supply at present in India of qualified women doctors is the Lady Hardinge Medical College and Hospital at Delhi. Eight of the most important teaching posts of this College are filled by women doctors recruited for the Women's Medical Service by the Countess of Dufferin's Fund. It cannot be questioned that these professors, together with other members of the Women's Medical Service who are teaching in medical schools, are doing work of an all-India nature for which no individual province can be expected to take the responsibility.

The National Association feels and feels very strongly that this is a matter with which the Government of India should concern itself very seriously.

Apart from its subsidy of Rs. 3,70,000 for the Women's Medical Service the Government of India does nothing to supply women doctors for the people. This is left to local bodies and charitable institutions who are able to touch merely the fringe of the problem. The matter is one that cannot be left entirely to local Governments. Not only is a province in India too small a unit in which to organise a self-contained service, but provincial resources are limited, and it is impossible to expect the provinces to inaugurate their own services of medical women; if they did they could not afford to pay the members of the service adequately, and the standard of efficiency would be dangerously low.

The first attempt to induce the Government of India to create an Indian Medical Service of women was made nearly 20 years ago. The necessity for such a step is far more obvious now than it was then. From the result of the various appeals made to the Government of India for financial assistance in recent years it appears to the Council of the Countess of Dufferin's Fund that so long as the present constitution lasts and the subject of "Medical" remains a provincial transferred subject, the Government of India will not concern itself with the matter, and will be content to leave the Fund to face the problem with its wholly inadequate resources. On the other hand, the Council feels that little can be expected towards the solution of the problem from the provincial Ministers. For obvious reasons they have to pursue a policy of economy. The standard of women doctors in the provinces is not what it should be. Money is spent on the promotion of the indigenous systems of medicine, and hospitals are built without fully qualified women to take charge of them.

It is also necessary to point out that there are large and important areas in British India, such as the North-West Frontier Province and the provinces of Delhi and Coorg, which are under the direct administration of the Government of India. The policy of the National Association is to make these areas its special care, but it can do very little when it is at the same time faced with the problem of supplying women for professorial appointments and for the charge of female hospitals in Governors' provinces.

The claim of the Council is that the Women's Medical Service for India should be put on a proper basis and that if, as the Government of India claim, they are precluded from doing this by the Devolution Rules under the Government of India Act, then the Council would strongly urge the amendment of those Rules so as to bring the subject of medical relief by women for the women of India within the category of central subjects so that the Government of India may no longer be precluded, as it claims to be at present, from increasing the subsidy which it gives to the Women's Medical Service.

H. MONCRIEFF SMITH, Kt., C.I.E.,

Chairman,

The National Association for Supplying Medical

Aid by Women to the Women of India.

**Twenty-seventh Annual Report of the
Victoria Memorial Scholarships Fund,
1928**

VICTORIA MEMORIAL SCHOLARSHIPS FUND.

Centres at work.

Name of Centre.

Address of Secretary.

A.—INDIAN STATES.

1. Hyderabad The Director, Medical and Sanitation Department, H. E. H. The Nizam's Dominions.
2. Central India States :—
 - (i) Bhopal Agency Surgeon, Bhopal.
 - (ii) Indore Agency Surgeon, Indore.
3. Rajputana Residency Surgeon and C. M. O., Ajmer.
4. Baroda Chief Medical Officer, Baroda.
5. Kashmir Superintendent, Zenana Hospital, Srinagar.
6. Gwalior Medical Officer to H. H. The Maharaja of Gwalior.
7. Bombay States :—
 - (i) Gondal Chief Medical Officer, Gondal.
 - (ii) Junagadh Political Agent, Kathiawar.

B.—OTHER AREAS OUTSIDE GOVERNORS' PROVINCES.

8. Baluchistan Chief Medical Officer, Quetta.
9. Bangalore Health Officer, Station Municipality, Bangalore.

C.—GOVERNORS' PROVINCES.

10. Bombay, Hyderabad (Sind) . . Miss Piggott, Hyderabad (Sind).
11. Bengal Surgeon General, Bengal, Calcutta.
12. United Provinces Inspector-General of Civil Hospitals, Lucknow.
13. Punjab Inspector-General of Civil Hospitals, Lahore.
14. Bihar and Orissa Inspector-General, Civil Hospitals, Ranchi.
15. Central Provinces & Berar :—
 - (i) Central Provinces Hony. Secretary, Dufferin Fund, Nagpur.
 - (ii) Berar Hony. Secretary, Dufferin Fund, Amraoti,

CHAPTER III.

THE VICTORIA MEMORIAL SCHOLARSHIPS FUND.

The reports of the work done by the Victoria Memorial Scholarships Fund are not very different from those of previous years. Some places express satisfaction at the progress made, others admit they are "up against" big difficulties, while still hopeful of being able to surmount them; still others are frankly depressed and wonder whether the work is of any value.

Generally speaking the same opinions are expressed by the same districts of India year after year even though the officer reporting may be a different person, so one is forced to the conclusion that local conditions and customs, and not simply personal impressions, are responsible for these opinions. It would be interesting to try and discover what these are, but for that, data, beyond what we are able to collect from the reports of centres, would be required.

The question which we reported last year as being asked by the Committee—"Are we allocating this money to be spent in the training of dais to the best advantage"?—still remains unanswered. The suggestions then made to Medical Officers of Health of Municipalities have not borne fruit. We do not believe that this is due to want of co-operation on the part of the Medical Officers of Health or that they reject the suggestions made, as unlikely to be of advantage. The likelihood is that the medical officers of health larger municipalities regard the scheme as impossible with their present staffs. They are unable to spare time themselves to do the necessary checking and supervision of the work, and until they are able to employ well qualified and reliable assistants to help in this work it is unlikely that it can be done satisfactorily. Such assistants are only employed in a very few places. It is probable that the larger municipalities will have to face the expense of appointing such assistants before the work of controlling even the trained indigenous dais and supervising their work can be adequately carried out. This again brings us to the question as to where such assistants are to be got. They are largely unobtainable at present, and one of the main reasons is that there are not facilities for training medical women in such work. We have drawn attention to this in the report of the Lady Chelmsford League (*vide infra*).

Another proposal is at present under consideration by the Committee with a view to deciding the question as to whether our funds could be put to a better use. The proposal is that during the winter of 1929-30, small conferences of experts should be held in different parts of India. These conferences

would be prepared for in the central office by the collection of detailed information and the issue of questionnaires beforehand. The exact subject or subjects to be discussed might vary slightly from place to place, but the main object would be to elucidate the question mentioned above. We feel that small groups meeting to discuss the problem in a place which would be central to a locality where certain conditions prevail, are more likely to achieve the object than a large gathering of representatives from all over India. Problems do vary from province to province and what is wanted is that those interested in the work in certain areas should meet together to try and solve their own particular problems. This is much more fruitful than a larger number of people discussing different problems which can have no common solution. In addition, by limiting the numbers attending these small conferences, one can secure that the right people attend them and hence due weight can be given to the decisions arrived at.

If this proposal is carried out it may be that we shall have something more definite to report on this vexed question by next year.

REPORTS FROM CENTRES.

The centres were asked to send their reports this year on a definite form which has enable us to secure more details about the methods of the work. The majority of centres have sent replies according to the form and it has proved very useful. In one or two cases the answers proved somewhat startling. One of the questions was "Describe the outfit supplied to *dais*". Articles supplied in the outfit include in one centre "a tube of sterilised silk-worm gut and a surgical needle for stitching rupture of the perineum", while another described the outfit as "A tin case containing irrigator, antiseptics, and simple surgical instruments and dressings". Evidently the training of *dais* has gone to excessive lengths in certain places!

INDIAN STATES.

Indore.

A special grant was given to the King Edward Hospital, Indore, to enable them to employ a matron at the Hospital to assist in the training of the midwives. As the midwives live at the hospital and do a certain amount of ward work, it was considered desirable for them to have better supervision. The matron now gives the instruction in midwifery assisted by a senior nurse. During the year there were 16 pupils in the class.

Bhopal.

There were five pupils in the class. It is not stated how many cases are delivered in the hospital, but the cases taken by *dais* outside the hospital are not supervised.

Gwalior.

In Gwalior the number of *dais* other than indigenous under training is 47 while only 6 indigenous *dais* are under training.

It would seem as if in this State the indigenous dais are being frozen out by a different class of women. From the fact that the outfit supplied contains a Birth registration form and a "dai's notebook" it is evident that they are mostly literate.

Two dais are under training.

Gondal

Two indigenous dais are being trained and eight others.

Baroda-

Nine dais were under training, but in addition government scholarships are given to midwives of other classes. It is significant that the report states that passed out dais prefer to enter private practice rather than accept posts under government, showing that they are appreciated by the people.

**Hydera-
bad
Deccan.**

The report shows good progress and is very cheering. The number of normal cases confined in the hospital is increasing and patients are beginning to come beforehand to wait for their confinement. The new maternity block is finished and it is hoped that it will be brought into use in the early summer.

Kshmir.

A Welfare centre has been opened and the Health Visitor in charge trains the indigenous dais.

The number of dais attending is one indigenous dai and 12 others, two in the second year and 10 in the first year. The dais conduct their cases in the Maternity Home, as well as in the patients' homes. In addition the dais spend 3 months each in the Victoria Hospital and the Mission Hospital and one month in the Railway Hospital. The training given is thus quite a comprehensive one. Several of the dais are sent from Indian States for their training.

Ajmer.

Two dais are almost ready for examination. Others are under training. The work is very up hill as there is so much prejudice among the people.

Two pupils were trained at the Lady Curzon Hospital and the dais' work is supervised.

Jodhpur.

There are 39 dais in the present class. During the year 91 have been improved. Lectures have been given in 31 towns and villages and 7,088 men and women have attended the lectures. Supervision of passed out dais' work is a feature of the work.

**Hydera-
bad
Sind,**

In Quetta the dais are said to have done their work better. The dais reported 1,000 cases among which abnormal cases were very few. There are 24 indigenous dais in the class and 2 others. In Sibi only two dais are in the class.

**Baluchis-
tan.**

At the Kundewalan Centre three classes were held with an average attendance of 6 dais in each. A qualified Health Visitor undertakes the teaching of the dais who are prepared for the Punjab C. M. B. indigenous dais' examination. The supervision of the cases of dais under training is undertaken by the junior Health Visitor, but passed out dais do not inform the

Delhi.

Health Visitor of their cases. Rewards are not given to certified dais ; it is proposed to hold a refresher course for them in March and April.

**Bihar &
Orissa.**

This report is a specially interesting one. As reported under the Lady Chelmsford League a Maternity and Child Welfare Association has been formed for the province, and a great advance in the work is anticipated. Grants were made during the year to the work in Patna, Gaya and Cuttack, while the grants to the mission hospitals at Itki and Ranchi could not be utilised owing to the constant changes of medical officers. In Patna Miss Reeves has succeeded Mrs. Duncan White as Maternity Supervisor. 36 dais are at present under training. In Gaya six indigenous dais and 7 other midwives are being trained. The Cuttack centre has done excellent work and the local Government is considering the appointment of a well qualified maternity supervisor as in Patna. This would be a great step forward.

In addition to the centres aided by the Victoria Memorial Scholarships Fund there are seven other training centres maintained by local authorities. In these two indigenous and 18 other dais are under training. They appear for examinations on the lines of the V. M. S. syllabus. In concluding this report the Honorary Secretary says:—During the year under review the subject of maternity help has received much attention from the local Government and in the local Legislative Council. The present condition is still far from satisfactory. Mortality among women in the province continues to be higher than that of males while their attendance at hospitals and dispensaries is much less. Many of the outlying dispensaries are not yet staffed with qualified dais or midwives. The local bodies and the public do not yet fully appreciate the value of properly trained dais and midwives. It is also not yet economically necessary to the village “chamarin” or dai to obtain her training, she can still earn her income without it. It is possible that in attempting to influence indigenous dais we are attempting an impossible task. It is perhaps better that we should endeavour to educate the public through the maternity centres and by other propaganda work, so that they will not remain content with the present lamentable state of affairs and further that we should concentrate on the training of a better class of midwives who will gradually replace the chamarins.

Punjab.

The work has again made steady progress. The following centres undertake training of dais : Bhiwani, Ambala City, and Cantonments, Montgomery, Asrapur, Jhelum, Narowal, Jagadri, Simla, Jullundur District, Ludhiana, Gurgaon. The following were assisted by grants from the Fund : Ambala City, Asrapur, Jhelum, Narowal, Jagadri, Simla, Ludhiana, Gurgaon, Jullundur. The majority of the dais trained are indigenous dais, but the number of “other” dais is noticeably on the increase, and in some cases approaches that of the indigenousdais.

The grant given from the Central Committee was again handed over to **Central** the Welfare Committee of the Indian Red Cross Society for the training of **Provinces** indigenous dais.

During the year the Honorary Secretary thought that the time had come for a vigorous campaign for the training of indigenous dais as a provincial measure. Eight centres were invited to take up the provincial dais training scheme. In each case the dais were paid annas 4 per head per class and the Health worker in charge of the centre was asked to supervise all the maternity cases conducted by the dais. After passing an examination the dais will be registered. The centres asked to take up the training were the following :— Akola, Amraoti, Raipur, Nagpur City, Nagpur Civil Station, Jubbulpore, Khandwa, Hansapuri, Amraoti, Raipur and Nagpur City did not have regular classes so grants were not given. The number of dais in the classes was mostly 12. It is proposed that in 1929 twenty centres should take up the training and the amount of stipend has been reduced to annas 2. The number of dais in each class is to be 15—25. It is therefore calculated that 4,000 dais will be under training. The budget has been prepared with this in view. If this scheme can be carried out it should create a revolution in the dais practice of the province. Experience of past years makes one cautious however. The promoters of the scheme realise that supervision of the dais will have to continue. One does not like to wet blanket any scheme, but one cannot help asking oneself two questions (1) are sufficiently good teachers available in all the places named and (2) will their other duties allow of them supervising 20 cases each of 15—25 dais in the class. As regards the former point, our experience is that a really good teacher of dais is a rare creature, and that persons of good education, real enthusiasm and a gift for teaching are needed for the work. If the work is left to Health Visitors of poor education, we cannot believe the teaching can be of the right quality. Secondly the supervision of cases in such large numbers may well prove a difficulty to conscientious workers, and a means of endless evasion by those who are not. It is not stated how long this training is to last, but presumably one year, as the course is 100 lectures at 2 a week and a dai may appear for examination after completing 75% of attendances. Thus the Health Visitor would have to attend 20 cases each of 20 dais=400 cases in the year. This is an average of more than one a day besides teaching the class and carrying on her work as a Health Visitor. Even supposing the training lasted two years the difficulty would be considerable.

These remarks are not meant as criticisms, but as warnings of possible ways in which an apparently sound scheme may break down.

The following centres were assisted : Birbhum (Suri), Darjeeling and Dacca. **Bengal**
At Birbhum 2 dais are under training and two at Darjeeling. At Dacca 30

indigenous and 3 other dais were under training. The staff of the Maternity and Child Welfare Trust attended 1,421 cases at or immediately after confinement, representing 32·2 % of all the registered births in the city. There were only 9 maternal deaths among the centre cases, a most creditable record.

Assam.

A grant of Rs. 2,000 was given during the year for the first time to Assam, in which Province the work of supplying medical aid to women is lamentably deficient. The grant was given to St. Luke's Hospital, Chabua, Upper Assam, for the work which is being done there in training coolie women as dais for the tea gardens. Dr. Winifred Thompson and the Nursing Sister, who works with her in this Mission Hospital, have drawn up a very simple course of training suited to the intelligence of the women sent to be trained.

The Secretary visited Chabua in November and witnessed the teaching given to a class of 14 women, from 8 or 9 different gardens. The course lasts for 3 weeks the first year and annual refresher courses are held as well. The women are chosen by the Managers of the different gardens, it being definitely stated that fairly young women must be sent, who have no previous knowledge of dais' work. They come in pairs usually, all expenses of transport and board are paid by the garden managers, who also undertake that the woman shall be employed and paid by the estate on her return. The teacher, who showed absolute genius in her work, was most careful to instruct the women to use only the things they will find in the homes of their future patients, each is provided before she leaves, with an overall and a bag sewn by herself, containing scissors, two bowls, clean rags, nailbrush, soap and string. The teaching was entirely practical, every member of the class in turn performing each detail of the lesson with her own hands—internal examinations were never allowed under any circumstances. 4 or 5 such classes are held each year and the reports from the Medical officers in charge of the gardens on the work of these women are most encouraging.

THE VICTORIA MEMORIAL SCHOLARSHIPS FUND.

The Annual Account and the Statement of the Closing Balance of the Fund are shown in Annexure I to this Chapter.

2. The interest realised during the year amounted to nearly Rs. 40,900 while miscellaneous receipts amounted to over Rs. 200. The total receipts during the year amounted to about Rs. 41,100.

3. As against this, the total expenditure has amounted to about Rs. 40,500. Rs. 6,250 was paid towards the expenses of the Central Office and Rs. 250 contributed to the Lady Chelmsford League for Propaganda work. The expenditure in Indian States amounted to over Rs. 14,500, in Governors' Provinces to about Rs. 15,700 including the non-recurring grant of Rs. 2,000 for St. Luke's Hospital, Chabua, Assam, for the training of dais for work in the tea gardens while the expenditure in other than Governors' Provinces amounted to about Rs. 3,700. The miscellaneous expenditure during the year amounted to Rs. 50 only.

4. Thus, during the year, the income of the Fund was in excess of the expenditure by over Rs. 600 resulting in the increase of cash balance from Rs. 9,700 to Rs. 10,300.

5. The Assets of the Fund are about 8 lacs while the liabilities are *nil*.

6. Both receipts and expenditure conformed closely to budget anticipations.

M. F. GAUNTLETT,
Honorary Treasurer.

URE I.

Memorial Scholarships Fund, 1928.

Items.	Expenditure, 1928.			Budget, 1928.
	Rs.	A.	P.	
1. Contribution towards Central Office expenses .	6,250	0	0	6,250
2. Contribution to the Lady Chelmsford League to- wards propaganda	250	0	0	250
3. Expenditure in Indian States—				
(a) Hyderabad	1,100	0	0	1,100
(b) Baroda	800	0	0	800
(c) Gwalior	3,500	0	0	3,500
(d) Central Indian States—				
(1) Bhopal and Sehore	660	0	0	660
(2) Indore	4,450	0	0	4,450
(e) Rajputana States	3,742	0	0	3,742
(f) Bombay States—Gondal	300	0	0	300
4. Expenditure in other than Governors' Provinces—				
(a) Delhi	736	12	0	1,440
(b) North-West Frontier Province	1,482	4	0	2,700
(c) Baluchistan	960	0	0	960
(d) Bangalore	500	0	0	500
5. Expenditure in Governors' Provinces—				
(a) Bombay (Hyderabad)	1,200	0	0	1,200
(b) Bengal (Dacca)	2,000	0	0	2,000
(c) United Provinces	3,300	0	0	3,300
(d) Punjab	3,407	0	0	3,407
(e) Bihar and Orissa	2,580	0	0	2,580
(f) Central Provinces	1,188	0	0	1,188
(g) Assam	2,000	0	0	..
6. Miscellaneous	48	14	0	83
	40,454	14	0	40,410
Closing balance as per statement attached	7,99,135	14	4	10,470
TOTAL .	8,39,590	12	4	50,880

M. F. GAUNTLETT,
Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,
Chartered Accountants, Auditors.

CAWNPORE ;
11th February 1929.

Statement of closing balance of the Victoria Memorial Scholarships Fund on 31st December 1928.

Assets.	Face Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 3½% G. P. Notes, 1842-43 . .	700 0 0	93,847 1 6	507 8 0
2. 3½% G. P. Notes, 1854-55 . .	11,000 0 0		7,975 0 0
3. 3½% G. P. Notes, 1865 . .	83,800 0 0		60,755 0 0
4. 3½% G. P. Notes, 1879 . .	1,500 0 0		1,087 8 0
5. 3½% G. P. Notes, 1900-01 . .	3,000 0 0		2,175 0 0
6. 4½% Rangoon Municipal Debentures, 1904	2,59,500 0 0	2,85,450 0 0	2,33,550 0 0
7. 6% War Bonds, 1931	40,000 0 0	39,976 10 8	40,900 0 0
8. 6½% Bombay Development Loan, 1935	3,20,000 0 0	3,20,000 0 0	3,47,200 0 0
9. 5% Government of India Loan, 1945-55	50,000 0 0	49,500 0 0	51,937 8 0
	7,69,500 0 0	7,88,773 12 2	7,46,087 8 0
Cash .	10,362 2 2	10,362 2 2	..
TOTAL .	7,79,862 2 2	7,99,135 14 4	..

M. F. GAUNTLETT,
Honorary Treasurer.

**Eighth Annual Report of the Lady
Chelmsford All-India League for
Maternity and Child Welfare, 1928**

THE LADY CHELMSFORD ALL-INDIA LEAGUE FOR MATERNITY & CHILD WELFARE.

Branches of the League.

(See Rules 26 and 27.)

Name of Branch.

Address of Secretary.

A.—OTHER THAN GOVERNORS' PROVINCES.

Rajputana	Hon. Secretary, Lady Chelmsford League, Ajmer.
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B.—GOVERNORS' PROVINCES.

Madras	Hon. Secretary, Madras Presidency, Mater- nity and Child Welfare Association Red Cross Buildings, Egmore, Madras.
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United Provinces	Hon. Secretary, Lady Chelmsford Maternity Red X Child Welfare League, U. P. Branch, Lucknow.
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Punjab	Hon. Secretary, Lady Chelmsford League, Punjab Branch, Lahore.
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The Lady Chelmsford All-India League for Maternity and Child Welfare.

Royal Patron.

HER IMPERIAL MAJESTY THE QUEEN-EMPRESS.

President.

HER EXCELLENCY THE LADY IRWIN, C.I.

Patrons.

H. E. The GOVERNOR of MADRAS.
 H. E. The GOVERNOR of BOMBAY.
 H. E. The GOVERNOR of BENGAL.
 H. E. The GOVERNOR of UNITED PROVINCES.
 H. E. The GOVERNOR of PUNJAB.
 H. E. The GOVERNOR of BURMA.
 H. E. The GOVERNOR of BIHAR and ORISSA.
 H. E. The GOVERNOR of CENTRAL PROVINCES.
 H. E. The GOVERNOR of ASSAM.
 The CHIEF COMMISSIONER of the NORTH-
 WEST FRONTIER PROVINCE.
 The CHIEF COMMISSIONER of COORG.
 The CHIEF COMMISSIONER of DELHI.
 The CHIEF COMMISSIONER of AJMER-
 MERWARA.
 The CHIEF COMMISSIONER of BALUCHISTAN.
 The VISCOUNTESS CHELMSFORD, C.I., G.B.E.
 The MOST HON'BLE the MARCHIONESS of
 READING, C.I., G.B.E.
 HIS EXALTED HIGHNESS the NIZAM of
 HYDERABAD.
 H. H. The MAHARAJA of MYSORE.
 H. H. The MAHARAJA (GAEKWAR) of BARODA.
 H. H. The MAHARAJA of SIKKIM.

CENTRAL INDIA.

H. H. The MAHARAJA of AJAIGARH.
 H. H. The RAJA of ALIRAJPUR.
 H. H. The NAWAB of BAONI.
 H. H. The BEGUM of BHOPAL.
 H. H. The MAHARAJA of CHARKHARI.
 H. H. The MAHARAJA of CHHATARPUR.
 H. H. The MAHARAJA of DATIA.
 H. H. The MAHARAJA of DHAR.
 H. H. The NAWAB of JAORA.
 H. H. The RAJA of JHABUA.
 The RAO of KHILCHIPUR.
 H. H. The RAJA of NARSINGARH.
 H. H. The MAHARAJA of PANNA.
 H. H. The RAJA of RAJGARH.
 H. H. The MAHARAJA of RATLAM.
 H. H. The MAHARAJA of REWA.
 H. H. The RAJA of SAILANA.
 H. H. The MAHARAJA of SAMTHAR.
 H. H. The RAJA of SITAMAU.

RAJPUTANA.

H. H. The MAHARAWAL of BANSWARA.
 H. H. The MAHARAJA of BHARATPUR.
 H. H. The MAHARAJA of BIKANIR.
 H. H. The MAHARAO RAJA of BUNDI.
 H. H. The MAHARAJ-RANA of DHOLPUR.
 H. H. The MAHARAWAL of JAISALMER.
 H. H. The MAHARAJ-RANA of JHALAWAR.
 H. H. The MAHARAJA of JODHPUR.
 H. H. The MAHARAJA of KARAUJI.
 H. H. The MAHARAO of KOTAH.
 H. H. The MAHARAWAT of PARTABGARH.
 The CHIEF of SHAHPURA.
 H. H. The NAWAB of TONK.
 H. H. The MAHARANA of UDAIPUR.

MADRAS.

H. H. the MAHARAJA of COCHIN.

BOMBAY.

H. H. The MAHARAJA of BHAVNAGAR.
 H. H. The MAHARAO of CUTCH.
 H. H. The MAHARAJA of DHRANGADHRA.
 H. H. The THAKUR SAHIB of GONDAL.
 H. H. The MAHARAJA of IDAR.
 The THAKUR SAHIB of LIMBDI.
 H. H. The MAHARAJA of RAJPIPLA.
 H. H. The RAJ SAHIB of VANKANER.
 The THAKUR SAHIB of WADHWAN.

UNITED PROVINCES.

H. H. the RAJA of TEHRI.

PUNJAB.

H. H. The RAJA of BILASPUR.
 H. H. The RAJA of CHAMBA.
 H. H. The RAJA of FARIDKOT.
 H. H. The MAHARAJA of JIND.
 H. H. The MAHARAJA of KAPURTHALA.
 The NAWAB of LOHARU.
 H. H. The NAWAB of MALER KOTLA.
 H. H. The MAHARAJA of PATIALA.
 H. H. The MAHARAJA of SIRMUR.
 H. H. The RAJA of SUKET.

Vice-Patrons.

The MAHARANI of BURDWAN.

The TIKKA RANI SAHIBA of KAPURTHALA.

H. H. The NAWAB of RAMPUR, G.C.S.I., G.C.I.E., G.C.V.O.

H. H. The MAHARAO of KOTAH, G.C.S.I., G.C.I.E., G.B.E.

Vice-Presidents.

His Excellency Sir MALCOLM HAILEY, K.C.S.I., C.I.E.

<p>The Hon'ble Dr. Mian Sir MUHAMMAD SHAFI, K.C.S.I., C.I.E. E. J. BUCK, Esq., C.B.E., Simla.</p>	<p>Lady DADABHOY, Nagpur, C. P. Rai Bahadur Sir ONKAR MAL JATIA, Calcutta. Rai Bahadur BALDEO DAS BIRLA, Calcutta.</p>
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Life Councillors.

<p>R. B. Sir SARUPCHAND HUKM CHAND, Indore, C.I. B. BALDEO DAS DOODWALLA, Calcutta. EDWIN JOHN, Esq., C.B.E., Agra, U. P. S. R. NATH MAL, Gokul Dist. Muttra, U. P.</p>	<p>SETH BULAKI DAS, Gokul Dist. Muttra, U. P. The President, Bengal Turf Club, Calcutta. Messrs. THE TATA IRON & STEEL Co., Bombay.</p>
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CHAPTER IV.

The Lady Chelmsford All-India League for Maternity and Child Welfare, 1928.

As usual the activities of the League may be considered under three headings :—

1. Health Schools.
2. Work of Centres.
3. Propaganda.

1. Health Schools.—These are more and more important as time goes on. The training of workers is vital if Child Welfare work in India is to be continued on an efficient basis and there are signs that this is being realised to a greater extent than heretofore. A new school has been opened in Lucknow under the auspices of the Lady Chelmsford League, United Provinces Branch and the school at Madras is about to be reorganised and made more efficient. It is very desirable that all Health Schools should as far as possible have, within reasonable limits, a similar curriculum and similar standards. Only thus will the work throughout India be of a high quality and a uniform standard. Our League is in a position to help towards the attainment of this end by giving grants-in-aid to the various schools, helping in the final examinations for the diplomas, and advising generally in the conduct of the teaching. A new method of giving the grants-in-aid has been evolved which is of material assistance in this way. Instead of giving block grants-in-aid as previously, it is proposed that grants should be made for a specific purpose, namely, the provision of the salaries of the Superintendents of the Schools. This has been already done in the case of Bengal and Lucknow and will come into force in Madras when the new School starts. Grants-in-aid are not yet given to Nagpur and Poona. Before a grant-in-aid towards the Superintendent's salary is made to any Health School, the qualifications of the Superintendent are carefully scrutinised, or in the case of a new appointment, they must be submitted to the League when applying for the grant. This ensures that no one is appointed as Superintendent who is not well qualified for the post. This in itself is a great aid towards unity of standard. In the case of the Punjab Health School, which is now entirely supported by the provincial Government, there is a high degree of co-operation with the League and the latter body is asked to undertake part of the examination for the diploma.

The fact that new Health Schools are being started means that more candidates are coming forward for training. The mere multiplication of schools even were funds available for the purpose, would not be useful, unless there were candidates to fill them. This is, however, fortunately not the case; new Health Schools are being opened because there is a real demand for workers, and for workers who are trained and capable. Voluntary Committees and local bodies are wanting to start Child Welfare schemes and therefore need workers. The demand for workers continually exceeds the supply and though more women are coming forward for training, there are not yet enough and certainly not enough of the right type. It cannot be emphasised too often that Health Work demands very special qualities of initiative and resource, ability to take responsibility, tact and sympathy. Though these may be found in exceptional people in any walk of life—on the whole they are more likely to be met with among women of good general education and fair social position. And it is such that we try to secure for health work. It is sometimes brought forward as a criticism of health work that it is expensive owing to the salaries given to workers who are more highly paid than sub-assistant surgeons. It has to be remembered however that if we are to secure the type of worker required a fair salary is necessary, that sub-assistant surgeons can usually increase their incomes from private practice, from which Health Visitors are debarred, and that, as long as the demand exceeds the supply, salaries are bound to remain proportionally high.

It is ten years since the first class for the training of Health Visitors was started in Delhi. In October 1918 a class was started with 9 pupils. The students were housed in hired quarters which were far from luxurious and these bold pioneers certainly had a good deal to contend with. The promoters of the school were themselves inexperienced and though they had clear enough ideas as to what they wanted as a finished product, they had not very clear ideas as to how to attain it. An instance of this lies in the fact that the Health Visitors were asked to attend local hospitals as it was considered advisable that they should have some experience along these lines. I think our view now-a-days would be that out-door patients departments are the last places for a Health Visitor to attend. The curriculum was, then, in the experimental stages; the practical teaching was much less complete than it is now, and was specially weak in the important department of home visiting. The course only lasted for six months though this was quickly found to be inadequate. Of the original class however six are still working, one has died, one is unemployed through her own wish and one has been lost sight of. That two-thirds of the number are still at their posts is very creditable. Several of them have done very fine work in the face of serious difficulties. Health work was a new thing in those days, committees were working in the dark, funds were uncertain and the Health Visitor had to initiate her work as well as carry it on.

The contrast between these first efforts and the present building and course are striking. In the course of ten years the unsatisfactory rented quarters have been exchanged for a fine building, which is our own property ; ample teaching equipment and a centre attached to the health school which is also our own, and which can be conducted on lines which are most profitable for instruction. Apart from this the curriculum has been widely modified and improved. Several new subjects of study have been added, the course of study lengthened and the most up-to-date methods are used. The type of candidate coming forward for training has improved. On the whole the pupils have a better standard of education and are more fitted for the responsible work they have to undertake.

Old pupils of the school are working in places as far apart as Mardan (North-West Frontier Province) and Travancore (South India), Maymyo (Burma) and Acchimota (West Africa).

In the course of this ten years, other schools have come into being. The Punjab Health School was at first an activity of the League. It has now been taken over entirely by the Punjab Government. This is a striking test to its past success. The training given at Lahore and the worth of the workers so produced have impressed themselves on the public and on the responsible authorities to such a degree that there has been no opposition to the expenditure of public funds for the training of Health Visitors. Of course this is also due to the fact that the Director of Public Health approved strongly of the project, appreciated the value of the work done and was able to visualise its possibilities for the improvement of the health of the Province.

One hopes that the Health departments of other provinces will in the course of time be convinced in a like manner. The Government of Madras has already committed itself to the creation of a Health School, and in the meantime is prepared to give substantial aid to the reorganised school.

The Bengal Health School has been carried on for several years now, the Central Provinces School at Nagpur for two, while the Health Training at Poona carried on under the auspices of the Poona Seva Sadan Society has been improved and brought into line with the course given at other places. The youngest Health School is that at Lucknow for the United Provinces.

One often feels that Health work progresses very slowly in India, but if we look back on these ten years, we can surely feel that a good deal has been accomplished. Instead of one school making a somewhat uncertain start, we now have seven schools ; three of that number are giving a high standard of training in English (Delhi, Punjab and Bengal) ; three others are giving a course in the Vernacular which is considered suited to the needs of the province (Nagpur,

Poona and Lucknow) while the seventh (Madras) is about to be reorganised and will approximate to the standard of the first group. This is no mean achievement in face of all the difficulties which had to be overcome. Our hope is that at the end of another ten years all schools will have attained the position in force in the Punjab, namely, that a Health Training school shall be regarded as a necessary item in the budget for Public Health Work and the Workers trained in Health Schools will be members of a service employed and paid for by public health authorities. It is a big object to strive for, but within our power of accomplishment.

We can now notice the work of the Health Schools in detail.

The Lady Reading Health School, Delhi.—The most important happening at the Lady Reading Health School during the year, was the retirement of Miss Griffin and the appointment of Miss Blakeney as Superintendent of the School. Miss Griffin, together with Miss Graham, had been so long connected with the Health School that it was difficult to imagine it without the presence of these two ladies. Without their steadfast work and co-operation the school could never have been successful in its early days of struggle. They undertook a great deal, much more than is indicated by the teaching allowance then given and the fact that the knowledge of the Delhi school and the fame of the Delhi “centre” work spread throughout India was due to their efforts. As organiser and teacher Miss Griffin had remarkable gifts, as well as a capacity for work which astonished even those who knew her best. In Miss Graham the students had the example of one who knew how to win the hearts of mothers and babies, who had a real love for the people, understood their difficulties and could secure the atmosphere of sympathy essential to a child welfare clinic. After the new school was opened Miss Graham and Miss Griffin gave their full energies to making the place a success. The model centre attracted mothers and babies at once and dais too began to come for the class which was forthwith started.

Miss Graham and Miss Griffin are missed by a wider circle in India than that compassed by the Health School. They had long been foremost in promoting Child Welfare Work in all parts of the country and no one who came to them for advice and help, and they were many, went away disappointed. We believe that they too, in their retirement in England, miss the activities they carried on here, but we are glad to think that they are enjoying the rest and quiet they have so well earned and deserved.

Miss C. C. Blakeney was appointed to succeed Miss Griffin as Superintendent of the Health School. Miss Blakeney has had much experience in England and latterly carried on a most flourishing centre in Lambeth. Before joining us, Miss Blakeney worked for two years in Junagadh State, Kathiawar, organising a Zenana Hospital and its nursing arrangements. So she has experience of

Indian conditions too. During the time Miss Blakeney has been at Delhi, she has displayed to full advantage her gifts as an organiser and teacher. She has infused a remarkable spirit of keenness into the new pupils and is training them in resourcefulness and sense of responsibility in their future work. The Centre too is flourishing under Miss Blakeney's directions and proving itself more and more useful as time goes on, not merely for training the pupils but also as a means of instructing the mothers of the neighbourhood in mothercraft and hygiene.

The pupils to the number of 13 who were studying in the school at the time of last year's report were all successful in the final examination in July. An A. grade certificate was awarded to five and B. grade to eight. The fact that all students were successful and that five obtained A. grade marks shows that the members of this class possessed unusual ability. This was in fact the best set of pupils who have passed through the Health School. All found posts quickly and are scattered all over India. One student is in Mardan where she is working among the Indian troops, another has an important post in Patna in place of one of our first graduates who has retired. Yet another is working under the welfare scheme at Joginder Naggar, the big hydro-electric scheme. Three have been posted in the Central Provinces. Two are in Delhi, one in Jammu State and one in Hyderabad, Deccan. One is finishing her midwifery training and one is unemployed by her own action. That Delhi Health Visitors are employed from Mardan to Hyderabad shows that they are in demand in all parts of India.

The new class started with 12, but two have left of their own wish. The ten remaining are working very satisfactorily. All can be posted immediately they obtain their diplomas. No less than five of the number are private pupils, that is they pay their own expenses while under training.

We have been fortunate in securing three lecturers in place of those who had to resign through leaving Delhi. The new lecturers are Mrs. Livingstone, M.B., Ch.B. (Tropical Diseases), Miss Ashdown (Psychology) and Lady Hartog (Economics). The work of the school is going on as before. As regards the centre, it is opened as a clinic now only twice a week which enables the students to devote more time to home visiting. Good results from this are attested in the increased and more regular attendance at the clinics which includes more Hindu and Moslem women than formerly. The number of ante-natal cases also steadily increases, and in many cases the students are able to supervise the confinement of these cases with the indigenous dais who are attending the class. The sewing class for mothers has a very large attendance.

The hall of the school continues to serve a useful purpose for meetings held by other bodies. The League of Nations Exchange of Medical Officers of

Health visited the School in January when films were shown. The first meeting of the Delhi Health and Social Service League was held there in November and the hall was used for a post-graduate medical course in the same month.

Bengal Training School for Health Welfare Workers.—This school concluded its fourth course in December. Up to now the promoters have experienced difficulty in securing candidates for training at the school. In February last four candidates entered of whom one withdrew subsequently. The remaining three passed out in December, two in A. grade, one in B. grade. One has been posted to Monghyr (Bihar), one to a Muffusil Centre in Bengal and one to Calcutta. It is now hoped that a larger number of students will come forward for training as the need for Health work is being realised in the rural areas of Bengal. Besides that the industrial concerns in the neighbourhood of Calcutta are in urgent need of Health Workers though few have up to now initiated the work.

The Secretary writes :—

“ Due to the propaganda by the means of “ Baby Week ” the importance of, and the necessity for, Welfare Centres are becoming acknowledged by the Districts of Bengal with the result that six welfare centres will be opened in the Muffusil early in 1929.

This will mean a demand for Trained Health Visitors, and the Training School will at last justify its existence as the Training School for Bengal. In the meantime the Students who have graduated from the Bengal Training School are in several instances rendering good services to other Provinces. The Board of Management feel that, as up to the present the Training School has been largely supported by the Lady Chelmsford All-India League, they were quite justified in sending Health Visitors to other Provinces if needed.

Five Students have been admitted for the 5th Session of the Training School which will commence on January 15th, 1929. ”

Madras Health School.—During the year 1927 the Committee of the Lady Chelmsford League decided to discontinue the grant to the School as there was an accumulated balance in hand and also because they were not satisfied with the methods of training the students. Instead the League granted two scholarships to Madras students to the Bengal Health School. The Madras Committee decided not to open a new class in July 1928 as arrangements were pending for the establishment of a Health School by the Government of Madras. As mentioned above this scheme is being held up until children's departments are built at two of the Madras Hospitals. The Madras Maternity and Child Welfare

Association has therefore decided to reopen the school in July 1929 with the approval of, and financial aid from, the Government of Madras. The Committee has approached the League for a grant-in-aid for the Superintendent's salary. It is hoped that an appointment will soon be made, and if the candidate the Committee has in view is appointed, the school should start again on a satisfactory basis. A strong attempt is being made to secure a more educated type of student. We look forward to being able to give a good account of this school in a year's time.

Health School, Lucknow.—This school opened on 1st October 1928. The lectures are given in the Vernacular (Urdu), the students being granted stipends of Rs. 30 p. m. The Superintendent of the school is a medical woman, Dr. D. F. Dass, a sub-assistant surgeon, who was granted a scholarship to take a Health Visitor's course in the United Kingdom. Miss Caesar, a student of the Delhi Health School, is Assistant Superintendent. Among the lecturers are Dr. Adderly, the Medical Officer in charge of the Lucknow Child Welfare Scheme, Dr. Souza, Assistant Director of Public Health, and Dr. Dube, Medical Officer of Health, Lucknow, and the students attend the welfare centres of Lucknow which are under the control of Dr. Adderly. There is no special centre attached to the school. Four students are in training and they are reported to be interested in the work.

The school seems thus to have made a good beginning. After a year's working it will be more possible to judge as to its ability to train the right type of worker.

This experiment will be watched with special interest as the training is being given in the vernacular which indicates that a less educated type of worker is being sought for. The grounds for this are probably two: (1) a genuine conviction that this type can perform all that is necessary in a Health Visitor and (2) that the employment of workers with less general education will be less expensive and therefore more within the means of smaller places which cannot afford the upkeep of expensive schemes.

As the experience of Delhi has on the whole been against the employment of such workers except as assistants, it is particularly interesting and important that we should await the results of this scheme with an unbiassed mind.

Reports of Branches and Centres.

Madras Presidency Maternity and Child Welfare Association.

The Secretary reports—

“ We have now seventy centres. Fifty-nine in the mofussil and eleven in Madras. ”

The activities of the Committee have been mainly devoted to (1) conducting Baby Welcome centres in Madras, (2) helping the mofussil Associations and Municipalities to undertake maternity and child welfare work, (3) the training of Health Visitors.

Progress.—For lack of funds it was resolved to close three of the Madras centres at the end of April. After they were closed petitions signed by a large number of the residents in each locality were received begging us to re-open the centres. On receiving a special grant from the Corporation of Madras we were able to re-open all three. The Mirsahibpet centre was closed for six months, but we have been able to secure a much better house than the one we had before for this centre and we feel that it was well worth the long time that we had to wait for it.

Appeals for new centres.—Appeals have been received from the inhabitants of several districts of the City to open centres in their localities, but the need of training Health Visitors leaves us with no funds for new centres at present.

Activities.—The centres are open every day from 6-30 to 10-30, except on Sundays when only the mothers and children who are fed attend for their meals. Children under four years old have hot baths, children over four and under eleven years old have cold baths. After the bathing, the children's hair is combed and cleaned, and any minor ailments such as sore eyes, boils, scabies are attended to. The ill-nourished ones are fed on 'ragi conjee' and cow's milk. Codliver oil is given to children suffering from rickets, and castor oil is given when necessary. The children are all fed at the centres only in very exceptional cases is the food allowed to be taken to their homes.

Mothers are encouraged to come after 10-30 A.M. to wash their hair to have a bath and wash their clothes. Before and after maternity they are given 'ragi conjee' when necessary.

In the evenings, between 2 and 5 o'clock, each nurse visits the houses in her locality, giving advice to expectant mothers on health and allied subjects and trying to persuade them to have a properly trained midwife or to go to a hospital for their confinement. She also visits the women after they leave hospital and keeps in touch with the families, entering the baby's name in the baby register at the centre and recording his progress weekly. Each nurse has an average of 25 'waiting' cases on her maternity register.

Sewing classes are held in all the centres.

The Madras centres are all situated in the poorest quarters of the city.

The conditions under which the people live in the paracheries are appalling. Most of the children are underfed, untaught and very dirty, and the mothers are in the same condition. It is uphill work trying to teach them better habits.

In one of the centres where there is room for a play ground the lady in charge and her helpers have been gathering the children in the evenings and taking part in organised games with them. The aim of the Association is to make the centre into a friendly place, a kind of mothercraft club where the members are linked together by a common love of children.

Visiting Doctor.—A lady apothecary continues to serve as Visiting Doctor. Mrs. Mathews left during the year and Miss M. P. Smith was appointed in her place. The chief duties of the Visiting Doctor are to visit a centre each morning, examine all the children and note their progress, weigh children under one year and give extra nourishment in the form of 'ragi,' milk, codliver oil when necessary, give treatment for minor ailments, send serious cases to the hospitals ; in the evening to visit with the nurses the houses of the women whose names are on the registers, to examine and keep a careful record of all the ante-natal cases and to give lantern lectures and talks to the mothers attending the centres.

Health Visitors.—Mrs. Benjamin has continued her good work as Health Visitor. For lack of funds she has been unable to visit the mofussil centres. In Madras she visits a centre each morning, instructs the nurses, and gives the women simple talks on health subjects. In the evening she visits the homes of the women in the locality with the nurse. She also gives lantern lectures to the women on health subjects, the feeding of children, etc., and the sewing classes are entirely in her charge."

Short reports of the work of the mofussil centres are attached, which, owing to lack of space, we cannot print in detail.

Report of the Lady Chelmsford League, Punjab Branch, 1928.

The Health Visitors' work has developed steadily during the year and there are now 34 Health Visitors at work. Fifteen Centres are in Urban and 10 centres in Rural Areas.

Administration.—There are only 4 of these which are working under local bodies, *i.e.*, 1 District Board and 3 Municipal. As has been noted before, these

are the least satisfactory in the Province, and steps are to be taken shortly to bring these into line with the Provincial Organisation.

The remaining are all working very satisfactorily under voluntary organizations, and in practically every case voluntary contributions make up a large part of the running expenses of the scheme.

It is felt that the system of management of women workers and their work by voluntary committees on which, by the rules of the League there must be women members, is by far the most satisfactory ; the interest and co-operation of workers in other fields, in the locality is secured, and there is ample opportunity offered to charitably disposed persons of giving money for the relief of suffering among their poorer neighbours. The local bodies are invariably represented on the voluntary Committee, the Health Officer acts as the Honorary Secretary of the Committee.

System of Inspection of Centres.—The Honorary Secretary who is also Principal of the Punjab Health School, paid a large number of Inspection visits during the year. On the occasion of her inspection visits, as much health and educational propaganda as possible is arranged for by means of visits to schools, colleges, training institutions, purdah clubs, etc., and the Committee of Management of the Health Centre is always asked to meet her, so that the progress of the work may be freely discussed.

Inspection Notes are subsequently submitted to those principally concerned.

Provincial Committee Meetings.—It is to be regretted that none could be held during 1928, and the question of whether the branch should be formally dissolved, will have to be considered as soon as convenient.

The Health Visitors.—These have, for the most part, done extremely good work. As is only to be expected, it is generally found that a keen Committee produces most enthusiastic response in its workers and at such Centres attendances are good and at Dai classes the pupils are regular, women's clubs are formed, milk is available for necessitous cases, and the work takes on far more of a " Social " nature, which is most beneficial.

There is a great field for the would-be social worker in connection with Child Welfare Centres, and few greater opportunities of doing practical, constructive work and benefitting the rising generation.

It must be admitted that, as yet, voluntary workers whose help can really be relied upon are few and far between, but the need for them is urgent.

Every effort is made to keep in close touch with the workers after they leave the School, by means of monthly circular letters, annual re-union, etc., and they are welcomed at any time as Visitors.

They are subscribing towards the education of two daughters of one of the members of the Service who died, and the full expenses for the children's first year at the Kinniard High School have been contributed by them.

In October 1928, eight students were admitted to the School, of whom one was discharged at the end of the first month on account of insufficient knowledge of English and general unsuitability.

Work of the Centres.—Training of dais. The training of indigenous dais is carried out at all Centres except Palwal in the Gurgaon District. At the close of the year, returns submitted on the prescribed form show 530 indigenous dais on the books, exclusive of a certain number of nurse dais, who in every case (except at Lahore, Rawalpindi and Amritsar), are taking part of their training at a hospital, it being considered that bedside nursing cannot be adequately taught in the homes, and that sterilisation of appliances, etc., is best taught at an Institution.

It is essential that the principle that every dais' or nurse dais' case should be personally supervised by the teacher and that dais' cases supervised by a nurse dai should not be allowed to count as one of the 10 cases which must be so supervised before sending the dai up for examination by the Punjab Central Midwives Board, should be adhered to.

The main work of the homes, lecturing at women's clubs and in girls' schools, and in attendance at the Welfare Centre.

At some Centres vaccination is carried out. At 6 Centres a fully qualified medical woman gives her services fortnightly or monthly at an ante-natal clinic. It is hoped to develop this scheme, as it is found difficult to secure the right kind of medical supervision or attention at the out-patients' departments of Women's Hospitals or the Dispensaries, and good health work cannot possibly be carried on without.

It is satisfactory to note that, with the exception of those Centres, which were in existence prior to the establishment of provincial supervision, all Health Visitors are working in restricted areas, the result being a good regular attendance at the Centres of health babies and a greatly improved standard of health in consequence.

At one Centre, in an urban area where the results of the Health Visitors' work is being closely watched, the death-rate among babies born in the area, was during the last two years 96% per 1,000 in 1927 and 76·2% per 1,000 in 1928. These figures speak for themselves of the value of intensive work both among the dais and among the mothers and babies. No septic cases occurred during the two years under record.

As has been noted in previous years, there is still an urgent need of women of the right sort to take up training as Health Visitors and of intelligent co-operation on the part of the educated public, but an improvement is to be noted in the latter respect.

Bihar and Orissa.

A "Bihar and Orissa Maternity and Child Welfare Society" has been formed for the extension of the work in that province. Although not technically a branch of the Lady Chelmsford League, we expect to be in close touch with the new society. We are confident that its formation will mean an advance of the work which is much needed in that province. The work at Patna which was established many years ago has made good progress against many difficulties. In addition to the Maternity work noticed in the report of the Victoria Memorial Scholarships Fund, there are now two welfare centres in Patna. In both cases the centres are worked in buildings which have been specially erected for the purpose and are therefore more ideal than any rented building. A Health Visitor has lately been appointed at Monghyr, and there are hopes that work will also be started at Bettiah. In Orissa one of the most important of the Feudatory States is asking for advice as to how to reduce infant and child mortality and we have hopes that work may be started there. All this is very hopeful and we believe that the movement in Bihar and Orissa will now take a big forward step.

United Provinces.

The branch is fortunate in being the recipient of a large grant from the provincial Government. This has been again increased and now reaches Rs. 1,21,600. The bulk of this money is spent on giving grants to local centres with the result that work has been opened up in many places. It is very gratifying that the Government realises the value of the work and is prepared to help it to such an extent. The grants-in-aid which the Committee is thus able to give to the local bodies form the bulk of their income and it has been considered desirable to have more control over them. A set of rules has been drawn up for local branches, and their work will be better managed and standardised by this arrangement. Though in many cases local bodies are assisting the schemes, in some no money is contributed locally which is a great pity. The object the Committee have set themselves is to have child welfare work in every district of the province. This is within measurable distance of being achieved, as out of a total of 54 districts, work of some kind is being carried on in 44. The scope of the work and the nature of the staff varies greatly. In a few places it is in charge of a fully qualified medical woman with suitable helpers. In others health visitors are in charge, while in a good many the staff consists of one, sometimes two, trained midwives only. A scheme has been drawn up by which maternity and child welfare schemes are divided into five classes. That for large towns includes a fully qualified and experienced medical woman, for smaller towns, a doctor of the sub-assistant surgeon class, and for smaller

places still a Health Visitor or a midwife are to be in charge of the work. We presume that regard will be had to the amount of money which can be raised locally so that the go-ahead places will be able to have a superior staff irrespective of population.

The report is a very full one and it is impossible to note on it in detail here. The statistical abstract is very detailed and most helpful as it enables one to see very quickly what has been done. A most interesting feature is that the infant mortality rates among cases conducted by midwives or dais under the scheme is shown.

The establishment of the Health School at Lucknow, noticed above under Health Schools, is also due to the League.

The whole report indicates a great deal of hard work for which the credit is due in the main to the Secretary, Dr. S. H. Commissariat W. M. S.

2. Work of Centres.—The report is submitted by Major Ganapathy who succeeded Major Webb as Medical Officer of Health in November 1927. As before the work continues to grow in popularity and usefulness. Five dais appeared for the Punjab Central Midwives Board examination and all were successful. Three are under training. The five who passed have been taken on the staff of the centre. In the 14 months under review 445 maternity cases (or nearly 60 %) out of a total of 774 births occurring in Simla were conducted by trained dais or dais under training at the Maternity Centre. Among these it is reported there was not a single case of sepsis. With regard to ante-natal work 550 primary visits were made to houses and 84 visits made to the centre. This is very creditable indeed.

Health Week was celebrated and competitions arranged for school boys and girls of Simla for which over 100 essays were submitted. Some interesting models were also made for competition.

The cost of maintenance of the Centre for the 14 months amounted to Rs. 11,592-2-0 of which the major portion is borne by the Municipality. Although Simla is doubtless wealthy compared to other municipalities of its size, it is still a matter for congratulation that its citizens are far-sighted enough to acquiesce in this expenditure for the benefit of its women and children.

The Infant Welfare Centre has been better attended than the last year, the daily average having risen from 14 to 20. The ante-natal work has progressed as well, there being 145 expectant mothers who visited as against 116 the previous year. **Dera Ismail Khan.**

The Assistant Health Worker left in the beginning of the year, and was not replaced. The Infant Welfare Committee engaged a nurse dai to help in the City visiting.

The number of dais on the register has risen to 40 from 32 of the year before. This is due to the Pathan dais joining the class. All the indigenous, practising city dais are now under supervision. Every case conducted by the class dais is reported to the Health Worker. In the month of March, 8 city and 9 provincial dais appeared for the Punjab Central Midwives Board examination. They were all declared successful, and obtained certificates.

The Health Worker visited the various towns in the Frontier in June, and selected 9 dais for the Dais Training Class commencing in July of the year, 5 dais presented themselves at the stated time, and are now under training. The dais from Mardan, Bannu and Abbottabad failed to come. Those who came are from Peshawar, Kohat, Malakand, and Dera Ismail Khan District.

The visiting in the Military lines has been continued. The ante-natal cases being kept under observation and a trained dai sent to conduct the case when required.

Mardan.

As a result of an appeal for help from the Indian Regiments in Mardan, a Health Visitor, trained at Delhi, was sent there last October. The Lady Chelmsford League is paying half of her salary. We are not reporting formally on the work which has been started so recently, but hope to do so fully next year. It has made a very good start and the Health Visitor is very popular.

Rajput- ana.

The Maternity Home in *Ajmer* has moved to new and better quarters, and the new matron, Miss O'Neill started work on August 1st.

"In the four months since that date there have been 44 in-patients in the Maternity Home, 18 Hindus, 9 Muhammadans and 17 Eurasians and Indian Christians. 590 new cases attended the Dispensary. 18 labour cases have been attended to in the city, 9 Hindus, 7 Muhammadans and 2 Christians.

Visits have been paid to 96 ante-natal cases and 781 babies up to the age of 6 years.

It is satisfactory to know that the indigenous dais have begun to call Miss O'Neill to their cases and even to attend her classes."

Nasir- abad.

Dr. Martin writes :—"Three Welfare Centres are run by me and the nurses, two at *Nasirabad*, and one at *Kekri*. Monthly meetings are held at all the Centres in which after weighing and examining babies a talk on different subjects connected with Child Welfare and Hygiene is given. Medicines are supplied for common ailments.

Baby Day was arranged for all the three centres last February and prizes were given not only to the winning babies but to everyone whose name was on the books according to the attendance.

For Nasirabad a new feature at the Baby Day was a 'Cinema Show' for which special films were hired from Delhi for two days, the first day was

kept for men only and the second for women. These shows were very much appreciated."

The Health Worker at *Beawar* has started on her second year's work. She is furnished with a list of births from the Municipal Office daily and visits all infants, besides ante-natal cases and toddlers. At first difficulty was experienced in getting the local dais to come for classes but 12 are now attending. *Beawar* is an industrial town and the whole expense of the work is borne by two of the factory owners.

In *Jaipur* the work goes on slowly as the people are extremely conservative. **Jaipur.** Some beds for maternity cases have been added to the Centre and are being taken advantage of by the people. Baby Week was celebrated with considerable success.

Jodhpur is another State where work is very uphill owing to conservatism **Jodhpur.** on the part of the people. The Secretary writes:—"The Committee had to decide in November as to the advisability of retaining the services of Mrs. Bellew as Health Visitor and the decision went against prolonging what had proved to be too expensive an arrangement.

Colonel Gabriel opened an enquiry into the Branch finances which made clear that the expenditure was in excess of the annual income and drastic alterations were decided on with a view to a more promising future organisation.

The Committee agreed that Mrs. Bellew had had a difficult and trying job, as the local prejudices against education in any form are particularly strong. Very little progress has been made in the training of the dais in spite of weekly lectures, small money rewards and other efforts to further this branch of the work. Mrs. Bellew could only report two women as within half a dozen cases of the requisite number of examination. This was disappointing and the Committee felt that such a result could not justify a further extension of the engagement of Mrs. Bellew.

In 1928 twenty-five cases were conducted under Centre supervision. This is an increase on the number for 1927 but still disappointing.

The clinic attendances for the 10 months up to the departure of Mrs. Bellew are 7,809 in 1928 of which 651 were new cases.

Since Mrs. Bellew left the Dais' classes have been discontinued and the clinic carried on by one of the dais trained by the Health Visitor. But this woman has not yet passed any examination and the arrangement is only a temporary one. A thorough re-organisation is contemplated with the hope of running the Centre without a further increase of the present debt."

Bangalore.—During 1928 no new centres were opened but attention **Bangalore.** was concentrated on consolidating the work of the previous years.

The activities of the Association were directed towards :—

- (1) Maintenance of the Apcar Ward at the Cristina Austin Welfare Centre, Thimmiah Road, was closed from 1st February 1928 owing to the lamentable death of Mrs. Alex Apcar and the donation of Rs. 100 being stopped.
- (2) Management of the creche at the Peninsular Tobacco Factory.
- (3) Management of the Welfare Work at the Military R. H. A. Followers' Lines.
- (4) Periodic visitation of the various Municipal welfare centres by the Ladies Committee.
- (5) Provision of comforts, clothing, food, etc., to the various Municipal Welfare Centres.
- (6) Training of two pupils in midwifery at the Lady Curzon Hospital.
- (7) Supervision of untrained dais' work.

On account of an outbreak of Plague and Measles the Baby Week Celebrations for 1928 could not be held to the great disappointment of all, as all preparations for the show were well advanced when the project had to be given up.

The expenditure from the Funds of the Association amounted to Rs. 1,464-3-1 while the expenditure of the Municipal Commission on Maternity and Child Welfare amounted to Rs. 21,565 for 1927-28.

3. Propaganda.—*Travelling Exhibition.*—It has been decided that the Travelling Exhibition should be discontinued in the meantime as a means of Propaganda. This is no reflection on the Exhibition and the action taken is really a measure of its success. When the Exhibition was formed a good many years ago, it toured in a good many parts of India and was much appreciated. There is no doubt that it served to rouse interest in Child Welfare work and the seeds which were then sown have borne fruit in the establishment of centres and other work. Now at least three provinces have built up their own propaganda material and hence are independent of aid which can be got from Headquarters. This has led to a decreased demand for the Exhibition and for the past two years it was felt that the expense of retaining a special worker for the purpose was not justified. The Exhibition when asked for was therefore sent out with a chaprassi who could set it up and it was left to local workers to do the demonstrating. In the course of years the Exhibition has become somewhat dilapidated and much of it needs renewing. To do this would involve setting apart a worker specially. With the increase in work which constantly goes on it is not possible for any one working in the

office to spare time for such a purpose. Were the demand for the Exhibition continuous we would be justified in getting some one to do the work, but as it is, the demand is so small and uncertain that we do not feel that it is justified to spend either the time or the money. If at a future date the Exhibition is required, it can then be rehabilitated and brought up to date.

In November the Exhibition was sent to Bhiwani, Hansi and Hissar. At the two former places there were large crowds of women who were much interested.

Publications.—Partly owing to the absence of Dr. Young on furlough during the greater part of the year, no new publications were issued. Reprints of former ones are constantly required. The demand for literature continues to be steady though not vast in amount. Again however it has to be remembered that many places issue their own leaflets. In the course of the year we hope to publish some new pamphlets and also some new posters which are always in demand.

The Journal was issued as usual. An effort is being made to increase its circulation which is rather poor. An All-India Journal on Child Welfare is really necessary as one of the chief means of knowing about each others' work and for purposes of co-ordination.

Travelling on the part of the Secretaries should be reckoned also as a means of propaganda, not merely with a view to satisfying the demands of the Audit Department but on its own account. Centres already established are visited, but in addition new places are sometimes visited or those which are about to start the work and need advice as to how to begin. These visits are always very much appreciated we find. The local Committees gain fresh inspiration and ideas and always find they gain something by discussing their problems with those who have wider and longer experience. The Secretaries too feel the benefit of getting into personal touch with members of Committees and are much more competent to advise after having studied the local conditions. Travelling may seem a costly item, but we are sure that it is money well spent.

Baby Week.—The most interesting thing to record about Baby Week is the result of the Competition for the handsome Silver Challenge Cup gifted by Raja Raghanandan Prasad Singh. A full account was published in the December number of the Lady Chelmsford League Journal, from which the following extracts are taken:—

“In all there were 16 entries from the following provinces: Punjab 6, Bombay 3, Madras 2, Bengal and Central Provinces 1 each, Delhi 1, and Indian States 2.

On the first page of the entry form, organisers were asked to note briefly the local conditions and customs which peculiarly affect the maternity and child welfare problem in the area. A study of the remarks made in this column leaves one in no doubt as to the necessity of pressing forward in work for mothers and children, and in particular of such propaganda efforts as Baby and Health Weeks imply. None of the entrants make any bones about the difficulties they have to surmount and are quite outspoken as to their nature. They are familiar to all workers in the cause—ignorance on the part of mothers of the hygiene of pregnancy and of mothercraft, unsanitary conditions at childbirth, employment of untrained midwives, apathy on the part of the general public, sometimes developing into hostility. In some places poverty was mentioned as a stumbling block, in others, illiteracy, and in yet others the seclusion of women. While this frankness has its depressing side, on the other hand, it is refreshing to see that people know clearly what they are ‘up against’. The next logical step is to plan the means of overcoming the difficulties, and this is where differences began to be apparent. Some of the committees had really sat down to take thought. They had apparently studied the problem, selected what they thought could best be attacked and then proceeded to bring their big guns to bear upon these objects.

This ‘taking thought’ is what makes for real success and what impresses those who know and who are not deceived by flag-waving and self-congratulation. It makes all the difference between effectiveness and concentration in aim and a vague diffusion of ideas in the hope that something will hit a mark. It also results in the celebrations being appropriate to the local conditions and the people catered for, and lack of thought in this direction was palpable in some of the entries.

On the whole, however, the entries showed a most commendable amount of thinking and good planning and one could not help feeling that had celebrations on such a level been possible in every district in India a wonderful amount of propaganda work would have been achieved.

Another pleasing feature in most of the reports was the way in which the celebrations had been linked up to, and were designed to forward, permanent work in the place. This is a very important point to remember and only too often one finds that Baby Week is celebrated as a thing in itself and that a comfortable apathy succeeds a short burst of enthusiasm. Such ‘shows’ achieve nothing, in fact they are worse than useless as they only deceive people into thinking they have accomplished something and can therefore legitimately rest on their achievement. In some places the object was not merely to arouse the public interest in health subjects and in the local work, but to gather funds for the latter. In Delhi the takings at the gate more than

covered the whole cost of the Exhibition, so that all subscriptions were given to existing work or helped to start new efforts. In any places where health work was being done the local workers were of the greatest service, especially in small places where voluntary helpers were scarce.

It was fairly easy to select a few of the outstanding entries and class them as possible prize-winners. But to make the ultimate decision was by no means so easy, as among the selected ones there were various claims entitling them to serious consideration. The opinion was, however, that *Penukonda* (Madras Presidency) was most entitled to carry off the cup. The factors which decided the judges were in the main the following : Penukonda had given a great deal of time and thought to the preparation of the week. This place had the previous year been the winner of the Presidency Shield, but they were not over elated by this success. They determined to make their 1928 show still better, to overcome the opposition which existed in various quarters and to reach more fully all classes of the people. For these purposes they got together an army of volunteers to carry out the plans. In no other place as far as we can judge, in relation to its size, were so many able and willing workers found. The work was very carefully organised into sub-committees who were responsible for various departments. A great deal of propaganda work was done and much thought was given towards making the celebrations really 'national'. The principal of the jam and the pill was consistently observed to interest the people. In spite of this the real purpose was never lost sight of. Some very novel competitions were organised, one for barbers, one for dhobies, one for restaurants in the city, which were a means of encouraging clean and hygienic methods and giving much valuable instruction. The 'sanitary conscience' of the people both individually and corporately was encouraged by the offer of prizes for the cleanest house and ward of the town. The drama was used freely to attract people, but instead of the often somewhat obvious "Health" dramas, popular Indian historical or religious plays were acted and between the acts short lectures or talks were given on health subjects. Each day of the week was set apart for some special class, *e.g.*, The mother's day, the children's day, the poor men's day, etc., so that all classes might be reached. It is impossible here to give a more detailed description of the celebrations. Their success was undoubted and fully deserved on account of the pains taken and the originality and enterprise shown.

It would have been a pleasanter task to adjudicate the competition had there been several cups to award instead of one. In that case we would not have been forced to disappoint some who had made great efforts and whose success fully deserves recognition. Had the cup been awarded to a province instead of to one place, there is not a moment's doubt that the Punjab would have been *facile princeps*. Not only did that province send the greatest number

of entries, but with the exception of Penukonda, three of their entries were the best sent in. These were *Rewari*, *Gujrat* and *Attock*. Lack of space prevents us from noticing them in detail, but all three were excellent in various ways. As an exhibition, *Rewari* was a model for a small town of its kind and it contained a novel and interesting character exhibit. *Gujrat* was planned in a most thorough manner to reach both men and women and to further and encourage the local work. *Attock* was perhaps 'up against' a stiffer problem than any other place which entered in respect of climatic, geographical, social and educational difficulties, yet these were faced and overcome with a really marvellous courage and ingenuity.

The result of the Competition is really heartening not so much on account of what has been actually accomplished, but because of the possibilities which are inherent in propaganda work of this kind could it but be taken up with enthusiasm by every province and every district in India. Our hope is that next year a larger and even better entry will show that such efforts are being made.

Our thanks are again due to Raja Raghanandan Prasad Singh for his kindness in donating the cup and thus encouraging the celebration of such 'weeks'."

Office work.—It might be fair to add that a lot of work is done in the Lady Chelmsford League office which it is difficult to report on and yet which is both valuable and time consuming. In the year 1928, 2,250 letters issued from the office. This represents not merely formal and business letters, but reports and other documents which occupy much time in preparation. The office is often asked for advice on questions which require careful thought and enquiry. In addition articles for newspapers and journals, often outside India, are asked for, questionnaires are sent and materials have to be supplied to government departments and private bodies. Then too the staff has to keep abreast of movements in other countries and this involves reading of journals and books and studying of methods and the attempt to adapt them for India. Our touch with work both in India and abroad must be kept alive and this adds yearly to the volume of our work as can easily be understood when one considers the strides child welfare work is making all over the world.

Another problem is under our consideration at the moment and it may be one which the Lady Chelmsford League will have to take up seriously in the near future. We may therefore refer to it here. It is the question of training medical women for specialised maternity and child welfare work. There is a growing demand for the services of such medical women, witness the report of the Lady Chelmsford League, United Provinces Branch. As things are at present, there are no women who are being definitely trained for such work, and very few who have experience of it. This means that medical women accept posts under

committees who are not always well fitted to carry on the work, hence it is not conducted on approved lines and tends to become mixed up with the curative side of medicine instead of remaining strictly preventive. It is obvious that women who have served for many years in ordinary hospital and dispensary work are not the best persons to attack health problems, nor are fresh graduates from medical schools and colleges who have received no specific training for health work during their over-crowded undergraduate days. Yet these are the persons, with few exceptions, who are filling the posts which are now advertised. While we are strongly in favour of medical women taking up this work we feel it is a great pity that those who engage in it should do so without any previous training or experience. Such a proceeding will not lead to satisfactory results or to a spread of the knowledge of preventive ideas among the people.

It may be that the Lady Chelmsford League will have to take the initial steps towards securing a course for medical women which would be a definite training for maternity and child welfare work. It is too early yet to say what body should undertake it, but two facts stand out clearly, namely, (1) there is at present no provision for training such workers, and (2) that it is urgently required in the interest of the work

THE LADY CHELMSFORD ALL-INDIA LEAGUE.

The Annual Account and the Statement of the Closing Balance will be found in Annexures I and II to this Chapter.

2. It will be seen that interest has been received amounting to over Rs. 54,000. Donations and subscriptions have amounted to about Rs. 1,100. The usual contribution of Rs. 6,000 was received from the Government of India for the Lady Reading Health School, Delhi, while Rs. 250 was received from the Victoria Memorial Scholarships Fund for Propaganda expenses. The remaining receipts of about Rs. 2,300 include, besides miscellaneous receipts amounting to over Rs. 900, a sum of over Rs. 1,300 realised from the sale of Publications.

3. On the expenditure side, the share of the Central Office expenses amounted to Rs. 12,500. About Rs. 2,100 was spent on propaganda work. In areas outside Governors' Provinces, the expenditure came to a little over Rs. 27,700. In Governors' Provinces grants amounting to Rs. 4,500 were made to Provincial Branches in Bengal and the United Provinces while a non-recurring grant of Rs. 5,000 was paid to the Seva Sadan Society, Poona, for building quarters for pupil nurses and Health Students. Out of another non-recurring grant of Rs. 2,500 sanctioned by the Executive Committee for Jogindar Nagar for Welfare work, a sum of Rs. 1,250 only was paid during the year. The miscellaneous expenditure amounted to about Rs. 800.

4. The important features of the Closing Balance are :—

(i) An increase of over Rs. 22,500 in investments, and

(ii) A reduction in Cash Balance from over Rs. 25,000 to over Rs. 11,000.

5. As compared with the budget, sale proceeds of publications realised were about Rs. 600 less than was anticipated, while on the expenditure side the saving was about Rs. 8,000 of which about Rs. 5,000 occurred under Propaganda and Rs. 1,000 under Reserve for additional grants.

M. F. GAUNTLETT,

Honorary Treasurer.

ANNEXURE I.

ANNEX

Annual Account of the Lady Chelmsford All-India League

Items.						Receipts, 1928.			Budget, 1928.
						Rs.	A.	P.	Rs.
1. Opening balance :—									
				Rs.	A. P.				
Investments	.	.	.	8,77,831	7 6				
Cost of Buildings	.	.	.	1,01,217	4 2				
Equipment	.	.	.	25,354	10 0				
Cash	.	.	.	25,242	8 7				
						10,29,645	14	3	25,243
2. Interest on Investments						54,055	2	7	53,955
3. Donations and Subscriptions						1,069	9	2	1,000
4. Contributions :—									
(a) From the Government of India for the Lady Reading Health School						6,000	0	0	6,000
(b) From the Victoria Memorial Scholarships Fund for Propaganda						250	0	0	250
5. Sale proceeds of Publications						1,349	7	8	2,000
6. Miscellaneous :—									
				Rs.	A. P.				
(a) Refund of Stipends . . . . .	.	.	.	405	3 0				
(b) Tuition Fee . . . . .	.	.	.	500	0 0				
(c) Other items . . . . .	.	.	.	15	0 0				
						920	3	0	102
TOTAL .						10,93,290	4	8	88,550

URE I.

Fund (including that of The Lady Reading Health School), 1928.

Items.	Expenditure, 1928.			Budget, 1928.
	Rs.	A.	P.	Rs.
1. Contribution towards Central Office expenses . . .	12,500	0	0	12,500
2. Propaganda :—				
(a) Staff of Exhibition and Upkeep	1,080	0	0	1,200
(b) Travelling Expenses of Exhibition and Staff . . .	18	0	0	..
(c) Publications	881	11	0	5,000
(d) Travelling Expenses.	90	10	0	1,200
3. Expenditure in other than Governors' Provinces :—				
(a) Lady Reading Health School, Delhi	18,851	4	4	21,000
(b) Infant Welfare Centre, Delhi	1,884	7	3	2,200
(c) North-West Frontier Province	2,907	8	0	2,720
(d) Rajputana	2,360	0	0	1,800
(e) Bangalore	600	0	0	600
(f) Simla	600	0	0	600
(g) Mysore	500	0	0	500
2. Grants-in-aid in Governors' Provinces :—				
(a) Madras Health School . . . . .	..			1,200
(b) Bengal	4,000	0	0	4,000
(c) Reserve Fund for grants to Health Schools . . .	6,836	0	0	8,000
5. Contribution to the Provident Fund	43	2	0	..
6. Miscellaneous :—				
(a) Stipends, Prizes, etc.	540	6	0	1,080
(b) Sonapore Medal	89	13	0	70
(c) Other items	165	9	5	330
(d) 1% depreciation on buildings	1,180	2	0	..
(e) 10% depreciation on furniture and equipment . .	856	7	0	..
	55,985	0	0	64,000
Closing balance as per statement attached . . .	10,37,305	4	8	24,550
TOTAL	10,93,290	4	8	88,550

M. F. GAUNTLETT,
Honorary Treasurer.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,
Chartered Accountants, Auditors.

CAWNPORE;
11th February 1929.

ANNEXURE II.

Statement of Closing Balance of The Lady Chelmsford All-India League (including that of The Lady Reading Health School and the Infant Welfare Centre).

Assets.	Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 3½% G. P. Notes, 1854-55	2,000 0 0	1,180 0 0	1,450 0 0
2. 6% War Bonds, 1930	3,18,000 0 0	3,17,918 9 8	3,21,776 4 0
3. 6½% Bombay Development Loan, 1935	2,00,000 0 0	2,00,000 0 0	2,17,000 0 0
4. 6½% Bombay Development Loan, 1935	2,90,000 0 0	2,99,237 8 7	3,14,650 0 0
5. 5% Government of India Loan, 1945-55	50,000 0 0	49,500 0 0	51,937 8 0
6. 5% Government of India Loan, 1945-55	9,100 0 0	9,995 5 3	9,452 10 0
7. 4½% Loan, 1955-60	24,000 0 0	22,560 0 0	22,575 0 0
Lady Reading Health School :—	8,93,100 0 0	9,00,391 7 6	9,38,841 6 0
(i) Cost of Building.	Rs. A. P. 92,129 6 0		
(ii) Furniture and equipment	8,555 3 8		
	1,00,684 9 8	1,00,684 9 8	
R. S. Nanak Chand Infant Welfare Centre :—			
(i) Cost of Building	Rs. A. P. 24,698 8 0		
(ii) Equipment	365 15 0		
	25,064 7 0	25,064 7 0	
Cash	11,164 12 6	11,164 12 6	
TOTAL	10,30,013 13 2	10,37,305 4 8	

M. F. GAUNTLETT,
Honorary Treasurer.

Annual Account of the National Baby Week for 1928.

RECEIPTS.

EXPENDITURE.

Items.	Receipts, 1928.			Budget, 1928.	Items.	Expenditure, 1928.			Budget, 1928.
	Rs.	A.	P.	Rs.		Rs.	A.	P.	Rs.
1. Opening Balance	3,872	4	9	3,872	1. Salaries (Clerk and Daftri).	1,783	1	0	2,100
2. Interest on Investments.	753	11	0	755	2. Contingencies	530	11	9	600
3. Sale of Literature	1,931	6	9	3,800	3. Delhi and Simla charges.	127	12	0	200
4. Miscellaneous	..			73	4. Conveyance Allowance	30	0	0	..
					5. Printing (Material and Literature).	140	2	0	600
					6. Grants	1,000	0	0	
						3,611	10	9	3,500
					Closing Balance	2,945	11	9	5,000
TOTAL	6,557	6	6	8,500	TOTAL	6,557	6	6	8,500

A. C. SCOTT,

Honorary Secretary.

Examined and found correct.

PRICE, WATERHOUSE, PEAT & Co.,

Chartered Accountants, Auditors.

CAWNPORE ;

11th February 1929.

Statement of Assets of the National Baby Week as on 31st December 1928.

Assets.	Face Value.	Cost.	Market Value.
	Rs. A. P.	Rs. A. P.	Rs. A. P.
1. 4% Loan, 1934-37	10,000 0 0	10,000 0 0	9,225 0 0
2. 4% Loan, 1934-37	1,000 0 0	945 0 0	922 8 0
3. 5% Loan, 1944-55	4,800 0 0	4,963 3 6	4,986 0 0
	15,800 0 0	15,908 3 6	15,133 8 0
4. Fixed Deposit with the Imperial Bank of India, Delhi	2,106 0 0	2,106 0 0	
5. Savings Bank	4,321 2 0	4,321 2 0	
6. Stock of literature in hand	19,808 11 3	19,808 11 3	
7. Office equipment	202 8 0	202 8 0	
TOTAL .	42,238 5 3	42,346 8 9	

A. C. SCOTT,
Honorary Secretary.

